

Interview with Wheeler B. Lipes, Pre-World War II experience aboard battleship *Texas* (BB-35). As submarine corpsman aboard USS *Seadragon* (SS-194), performed the first appendectomy aboard a U.S. submarine. Corpus Christi, TX, 3 March 1993, interviewed by Jan Herman, Historian, Bureau of Medicine and Surgery, and Captain Robert Bornmann, Medical Corps, United States Navy, Retired. (1920-2005)

You talked yesterday about your origins, about coming from New Castle, VA, and the fact that you had had rather humble beginnings. But the part we found fascinating was your working with your mother in the hospital. Was it at Norfolk when she was working at the hospital?

No, she wasn't working at the hospital. She took care of a sick woman.

The chief petty officer's wife?

Yes. In the quarters, and so I lived in the quarters.

You lived in the quarters?

Yes, in their house.

How many children did your mother have with her at the time?

Two, I think. There were two children and the woman.

And the chief was still alive? Was he at sea or was he there, too?

He was there. His wife had to have constant care, so my mother took care of her.

That's when you got involved in direct medical care yourself, really. You helped out.

I always wanted to be in the medical field. My great-grandmother was a Canadian, I think, best I can recall. I don't know much about that family. She owned a large pharmacy in Norfolk, and women pharmacists back in the 1800s were rare. Somewhere on my mother's side there were a couple of doctors in the family, but the branch I came from didn't have much going except peanuts. [Laughter]

You say they were from Suffolk [VA].

Yes. They lived 8 or 10 miles beyond Suffolk, out in the farmland.

You say you helped your mother out. You were how old? You said, what, 8 or 10 years old at the time, when you were helping your mother take care of the--

No. I was about 15, I guess, at that time.

When you said there were two children, were these the two children of the chief petty officer's wife?

Yes. I'm the only son.

You're your mother's only son. So in the house there was the chief, his wife, his two children, your mother, and yourself, and you were 15.

Yes.

Where was the naval hospital at Norfolk at that time? Was that the old hospital?

It was the old hospital. It really was the old hospital at Portsmouth. It was across the Elizabeth River. And it was the old original building, with the dungeons in the basement.

Yes, it's still there, they are still using it.

Yes. And if you look at those walls, scratched into the walls are initials and comments made by the prisoners. Some of them were Confederates and some were Yankees, because both sides used that dungeon area for their prisoners. And they had huge deadlights. They had that Roman architecture with these big steps that went up the front that extended nearly the full width facing the Elizabeth River, and they had deadlights of glass, big thick pieces of glass embedded, and that's how the light could get into the dungeon.

They're still there. The deadlights are still there. I've seen them. It hasn't changed.

Your schooling in those days, when you were a teenager, did you go to the local schools there?

I went to school in Norfolk and didn't finish high school, and went along the way and got a GED completed and did my own self-education.

You did a good job.

Then went to finish off at George Washington [University]. I took a lot of courses. But it's been fun.

You were 15 when you were working at the Portsmouth Naval Hospital.

No, no, at the dispensary at the air station. See, I lived at the air station, and I spent almost all my time over at the dispensary.

What would you do over there?

Well, they adopted me as a mascot, I guess. But they had somebody who would run the buffer. I don't think you would remember that, Bob, but there was green and red inlaid linoleum, thick, and that stuff would glisten like a diamond when you polished it. So I ran the buffer. I went over to the galley and got food and served the evening meal to the patients. I helped punch capsules in the pharmacy. I could type. I typed around 100 words a minute. I was learning all the time, and I knew exactly what I wanted to do.

That's where you decided to enlist in the Navy?

Yes. I had always wanted to be in the Navy.

Which you did when you were 16.

Yes.

And you became a seaman right off, then, an apprentice seaman?

When they induct you, you're an apprentice seaman. We had some options, very few.

What were the options?

You could go to the [U.S.] Naval Academy if you could pass that exam. You could become a striker, and a striker was a guy who worked with electricians to become an electrician's mate at some time, so they put after your name in parenthesis--striker.

It could be any rating.

It could be whatever you wanted, except the Hospital Corps. You had to go to the Hospital Corps School, which was in San Diego.

Did you go to a boot camp?

Oh, yes.

Where was that located?

Norfolk. It used to be one of the large boot camps, except for San Diego. It was the big one.

How long was that training?

The best I can recall, it was something like 8 or 10 weeks.

Then they put you on the [USS] Nitro? [AE-2]

Yes. I was en route to San Diego and went aboard the Nitro as an apprentice seaman.

That's seaman second?

You become a seaman second, I think, after 3 months. That was the progression.

How long were you on the Nitro altogether, do you remember?

I think a month, month and a half, en route.

You were going from the East Coast to the West Coast.

Through the [Panama] Canal to the West Coast to San Diego to go to school.

I see. So they got double duty out of you. Instead of just sending you to school over land, they could get work out of you as a seaman going through the canal.

Oh, yes. Up there scrubbing those decks at 4 o'clock in the morning and using holystones and sand and salt water.

So they had teak or wood decks?

Yes, they had wood decks. Do you know what a holystone is?

Yes.

Well, there's a way you have to use a handle from a scrubber to make a holystone go back and forth on that wood, and they just bleach and become white with the salt and the sun. What a job.

So you got to San Diego. That was in 1936, then, still.

Yes.

You told us a story about a boatswain's mate that you challenged, or didn't know that you had challenged.

I hadn't challenged him intentionally. [Laughter] I mean, I don't think most of us were that dumb. But this boatswain's mate was a typical brand of the time, who wore his hat squared right over his eyes and wore his boatswain's whistle around his neck whether he took a shower or was asleep, but he wore it all the time. He had a tatoo outlined on his chest, and on his navel were the claws of this eagle and the head of the eagle was right below his trachea.

They had me painting in a winch house, the winch that operates all the booms which you load cargo. I had this bucket of red lead and was putting red lead on the winch. In those days, you painted anything that didn't move, and if it moved, you saluted it. [Laughter] The time came to go to chow, so I went to the noon meal and didn't care for that too much, so I came back early. I think we were in Miraflores locks, and I was standing over by the lifeline, just looking at the scenery, and this boatswain said, "Hey, get over here. Get in that winch house."

There were not as many rights then as there are now, and he certainly didn't say "please," and I didn't expect him to, because I understood the Navy's attitude. When I said to him, "I've got 10 more minutes," and he didn't say a word. He just slugged me and knocked me down and damaged my nose and took me down to the sick bay. They put a butterfly on it and took me back up and put me back in the winch house so I could continue painting. [Laughter]

Years later, when I was on duty at the naval hospital in Philadelphia, I was a warrant officer, and they brought this patient into the emergency room on a stretcher. He'd fallen or had some accident. I saw him on the stretcher, and I walked over and looked down at him, and he had this outline of that eagle on his chest. I leaned over and said to him, "Are you 'Jocko' Martin?"

He said, "Yes, sir, I am."

He and I talked for a minute, and I told him I thought maybe he did me the biggest favor that could have been done. You know, it taught me a lesson that you keep your mouth shut, you might do better. [Laughter]

When you got to San Diego and got off the Nitro, you had additional training at that point.

Yes.

You were just an apprentice seaman. You had already made up your mind that you wanted to be a striker? You said you couldn't be a striker.

I had taken some exam at the end of the boot camp, and they gave me the school, Hospital Corps School, and so that's why my orders were sending me there. But you were not a hospital corpsman until you graduated from the Hospital Corps School. You were still a seaman second, and the hospital apprentice second class was the equivalent of a seaman second.

What was that school like? Can you recall some of the types of things you would have learned there, some of the courses?

Yes. Anatomy, physiology, pharmacy, general administration, clerical things, laboratory, X-ray, nursing. So it covered a broad spectrum of those things which you would need in health care. I've forgotten what my marks were, but I think there were three of us in the top of the class of about thirty-some people, in which they were like a hundredth of a point or something apart. I had a knack for that.

Where was the school located? In the hospital?

In the old naval hospital up on the hill. Have you been there?

No.

It was a gorgeous facility.

Is it Balboa Park?

Balboa. Right across the street from Balboa Park.

Was it a new hospital at that time?

Fairly new. It was Spanish architecture, just gorgeous. Down away from the highway and the park at the other end was a building that was four or five stories, and that was the Hospital Corps School. It was adjacent to a huge swimming pool, and so it was an idyllic setting.

I experienced my first earthquake there, and I remember as the building began to undulate, the teacher, a chief petty officer, when we started to get out of our chairs, he said, "Be calm. Stay in your seats"--ZIP!--and he was the first guy out of there. But he wanted to be sure no one was blocking the door. [Laughter] But the building rippled away.

But the school was excellent. You had qualified people teaching us. Those of us who were in that school, we recognized the value of what was happening, of how you were getting an education. In those days, people had no jobs and no homes, usually. But as I mentioned about Foley, I thought the Depression was a time of prosperity, especially in the Navy. It gave security and education and a future, which the country didn't really have at the time. The rigidity of the Navy and the old rocks and shoals under which we operated, the only change that had been made in the articles of government of the Navy, the only changes that had been made since John Adams' time was that they did away with keel hauling and flogging, but everything else was still very rigid.

A friend of mine, who was a third class, I think, pharmacist's mate, was 3 minutes late for muster at 8 o'clock in the morning, and they gave him a bad conduct discharge. When the war came, he came back into the Navy and they brought him in as a second class. He went with the Marines, and he had all sorts of commendations for valor and Silver Stars. But this was the extreme, like my getting a 30-day restriction because I set the thermometer rack of six thermometers on the foot of the bed, and the patient moved his foot and they flipped off on the floor and broke. I had to waste the executive officer's time to appear before a mast to talk about my terrible offense of breaking those thermometers, and I received 30 days' restriction. And you could only count your working days as a day of restriction and not your usual off days. But you still couldn't leave the hospital, so you had to do 60 days to do 30 days' restriction. We stood port and starboard watches. Our working hours on the night shift was 9 to 7, not 11 to 7, so they were long days. But you didn't hear people complaining.

This was in the hospital at Philadelphia. How did you get to Philadelphia? Did you go on the train or did they put you on another ship?

When I left the Hospital Corps School, they sent us to the receiving ship at the destroyer base in San Diego. They had a ship there, the USS Rigel [AD-13] and the Rigel was tied to a pier, and they had to dredge the coffee grounds from around it to move that thing when World War II came. The commanding officer of the ship and his wife lived on board, and they had window boxes under the porthole.

I had to be on that ship awaiting transfer to the USS Texas [BB-35], and the Texas was coming down the coast and would be off San Diego, off Coronado Roads at whatever time in the morning, like 6 o'clock or 5 o'clock or whatever. We were put into a 50-foot motor launch, and three or four of us headed to sea. The seas were rough, it was dark, and typical of military life, you hurry up and wait, and so we were out there laying to in the Coronado Roads waiting for the Texas to show up, and went aboard and came back through the canal and on into Norfolk and from there, the train to Philadelphia.

Did you have any duty on the Texas?

Oh, yes. I worked in the pharmacy.

How many medical officers were on the Texas at that time?

Two, best I can remember.

And how many pharmacist's mates?

I think there must have been 14 or 15.

So you just became a member of that sick bay.

Yes, you're just a part of that. In fact, in the pharmacy, it was a long, narrow room, had a little counter, and behind that, under the porthole was a long leather bench, and I used to sleep on that bench rather than down in a hole someplace.

Were you issued a hammock?

Oh, yes. I slept in a hammock.

You strung the hammock each day?

Your hammock had to wrapped around your sea bag. Your sea bag was packed, and then you put the hammock over it so you could pick up the whole thing and carry it. You had to tie it all together and stow it, and then when it was time that they put the signal out, the sound-off that you could put your hammocks up, then you would go through this routine and hook them up. When you had the flu or were sick, it was a struggle getting in and out of that thing. But you slept well, because it didn't matter what the ship did, they were practical.

What about the sea bag?

There were bins on the outboard section, and they stand about 3 or 4 feet, and you set those things in there.

So you took the hammock out, pulled the sea bag from the hammock, put it back in the bin, and then put it up.

See, if that's the sea bag, the hammock was brought around it and tied up here and secured, so that when you picked up the sea bag and hammock, it was all one unit. It was an ingenious invention.

Did you have the same place to string your hammock? Were you assigned to space or did you have to essentially fight for a space?

Usually you would have a space, you know, among all of us. I strung my hammock here and you strung yours there, and we'd just begin to adapt that.

How many were in the berthing area? How many hammocks would you have?

You know, it extended a good long distance. I guess there must have been 20 people. One of the interesting things, if you look back in the history of sailing ships and go back to Lord Nelson, on the Texas, we were doing the same things that Lord Nelson and his crew did. The gun deck was a mess deck. The tables fastened into the ceiling, long baronial-type tables, and they were up there on some hooks. So you'd heave those up, and the legs folded. They were steel legs, and up there they went.

This was in 1937.

Yes, '37. There was that table in the overhead, and then the area was all empty, like a big room, and portholes along the side and those bin arrangements for the hammocks and sea bags, and then that area was ready to receive casualties or is ready to do whatever is necessary when there are engagements being fought. There is an excellent book called The Price of Admiralty by John Keegan, and you see the similarity of the Navy of the 30s and what had gone on back then. You know, the Navy became obsolete when they tried to encase them with a piece of steel. The Civil War changed the whole future of the Navy itself. But they didn't change anything that related to the manpower itself, if you look at the articles of government of the Navy.

I was one of the early graduates of the Justice School at Newport and had been sent there to that course because we were planning on the implementation of the Uniform Code of Military Justice, which became effective May 31, 1951. I had been a defense counsel in court-martials. When I came back to the hospital after going through the course, I went to see the commanding officer, and we talked about the changes in the Uniform Code. This is at the hospital at Portsmouth. He said to me, "I don't care about all that junk. You can give him a fair trial and hang him."

Where did you mess on the Texas, in the same room where you had your hammocks?

Yes. That became the mess deck.

You brought the table down and you had stools or something. How many men in your group?

I think there were 15 or 16. And that's when that table came down. Then whoever the mess cook was--somebody was the mess cook--the mess cook would go to the galley, and he had

a stack of interlocking tureens. They would stack and they had a frame around them that snapped at the top so things didn't get spilled. He would take that rack and put the food in and they'd come back and serve it at the mess deck.

And you had some little goodies you kept that you would serve with the standard meal to brighten it up?

Yes. Those of us in the medical department, we did a little better than most people because we would eat many of our meals in the sick bay. We'd go get food for the patients and get enough for us, which didn't matter; you were still going to eat the same amount of food.

Were the 16 people in your group all pharmacist's mates?

Oh, no.

You were all mixed up.

The mess deck was for everybody that was there--gunner's mates and--

But you were restricted to eating with the 16 people unless they switched groups or something.

That was your place to eat.

You tipped the mess cook on payday, didn't you? Gave him a little--

Yes! Usually you'd do something. Some people did, some didn't.

Was he the lowest ranking, or was this rotation?

No, he was the lowest rank.

What was the nature of the chow on the ship?

Oh, it was excellent. I used to look forward to a meal that they had fairly standard in the Navy, especially in naval hospitals, but they used to have a New England boiled dinner. They'd have potatoes and cabbage and carrots, and the food was just excellent.

One of the things that I remember about the food in the Navy was that you've got that terrible dogwatch--12 to 2. You don't stay 12 to 4 at night up there on the bridge. You'd come off that bridge as a lookout and go off watch, and if you went by the galley at that time of morning, they were cooking navy beans and making fresh bread. I don't think you could avoid going by and getting--they had big soup bowls, and you'd get a big soup bowl full of beans and big slab of bread, and it was a good reward for a wet, cold night up on that bridge.

So you did have duty besides--

No. That's when I was an apprentice seaman.

Did you do that on the Texas?

No, you didn't do that on the Texas. But I just went back to think about the Nitro a minute. But the food on the Texas was excellent, and beans for breakfast that you hear people talk about.

What you described sounded a little extraordinary for a well-disciplined ship like a battleship.

Oh, no, battleships didn't. Well, you could always go by the galley and somebody would have ham or something out and you could make a sandwich.

Oh, really? Even on a battleship?

Yes. The battleship was a rugged, rigid Navy, no question about it. I had some bell-bottom trousers, and we were in Balboa, in the Canal Zone, and you're tied up at the pier. Liberty began on the hour, exactly on the hour. If you missed that group to go off the ship, to go ashore, then you had to wait until the next full hour--10 o'clock, 11 o'clock, 12 o'clock.

So I had on these bell-bottom trousers, which you weren't supposed to wear, and we were lined up for inspection. The officer of the deck came down and inspected everybody, and then they gave you left face and right face and over the gangway and under the pier. Well, I got to the left face part all right, but when I made the right face and put my foot up to step on that step to go over the gangway, they took me out of the ranks because I had a pair of bell-bottom trousers on, and I had to wait for the next cycle. They sent a--

Did you change?

Yes. They sent a coxswain with me back down to my locker.

A coxswain was a third-class boatswain's mate?

Yes. And so the third-class boatswain's mate, this coxswain, went with me, and he took my bell-bottom trousers and a huge pair of canvas scissors and cut them up in little pieces.

These were tailor-made, that you had paid a tailor?

Oh, yes, they were. [Laughter]

Did you have embroidered dragons on the inside of the sleeves?

On the whites, you didn't.

Oh, these were whites?

In Balboa, it's warm. In those days, you wore the blue middy colors instead of the white ones--you know, the blue with the stripes and the stars in them, because they were to be used for ceremonial affairs and in foreign countries, so you wore that in a foreign country. Oh, yes, I had some blues that were tailor-made, and they had all the embroidery inside. In fact, your cuff was put together with that satin finish. One end of it was open, and you could slip your money in there.

I didn't know that.

You'd leave one end open, and you'd slip your money in and you wouldn't lose it.

You found ways to lose it, I'm sure. [Laughter]

When we were in Balboa, one of these fellows went ashore from the sick bay, who was in the ship's company, and he came back with some silk he had bought and a bottle of booze and some more silk, and he was carrying all this stuff and he was three sheets in the wind. He got

over the gangway, and when he came over, there was a chief up there on duty who took away his booze and left him the silk and just threw the booze over the side. So he finally got below, and several of us were still milling around the sick bay. He couldn't get out of his jumper, so we helped skin him and get him out of the jumper.

No matter how drunk a sailor usually gets, he's going to fold his clothes. It's just the way it is. He's mechanical. He just doesn't throw them around. He still folds them. Well, he folded his clothes, and I said to him, "Ray, where did you put your clothes?"

He said, "In that locker." And he was putting them through the port! [Laughter]

If you'll remember, on battleships they had blisters, like steps, and those blisters were to absorb the torpedo. Well, when we tried to help him retrieve his clothes, he found a shoe that was on a blister and down here there was maybe a jumper. I never will forget him saying that he was putting them in that little round locker up there, and he's shoving them out the port.

When you finally got around on the Texas, how long did that voyage take through the canal and around from San Diego to Philadelphia?

Five weeks, I guess, six weeks, because you were stopping.

Were there exercises along the way?

Yes. Yes, they were firing those 16-inch guns. I used to sleep--it was hot below decks. There was no air conditioning. Under way at sea, I used to take a blanket and go up under the number-one turret, that forward turret, and you're looking right up at solid steel, maybe 14 inches or 18 inches maybe from your face. But you could sleep under there, and there was always the wind and it was cool. You found a lot of people sleeping under the turrets. White wooden decks.

It certainly was a clean environment.

Oh, yes, spotless. But they were firing and doing certain maneuvers. They weren't just plowing along as a transport.

What kind of watches did you stand as a member of that crew and part of the medical department?

We had assignments in the sick bay itself--nursing care, making beds. In the pharmacy, you were triturating, pounding capsules, doing whatever. You participated in the various drills that are carried on in which the medical department has to be ready and participate.

I've forgotten. I think we were in Charlotte Amalie, St. Thomas in the Virgin Islands, and rum was 50 cents a gallon, and these guys were bringing back the rum from--you couldn't get it aboard, so they would pay off the coxswain by giving him a share in the rum, and when they hoisted the motor launches aboard, they were there in what appeared to be gas cans--gasoline cans. They didn't know where to put these jugs of rum because of the rigidity of inspections and no place to hide anything. In the lab on the Texas, they had huge--I guess those things were 14-inch diameter--glass containers.

Carboys.

But they were open at the top, not a carboy with a neck on it.

It didn't have a cork in it.

Just a cylinder that might have been 15 inches and maybe 14 diameter, so they didn't spill. And there was a little rack they sat in, and we had some zinc chromate or something in there.

You would put your slides there after you used them and let them soak, and then finally you'd clean them. So we took another of these cylinders and put it on the other end of the counter and poured the rum in it and then threw some slides in so you could see the slides, and we had them labeled "Slide Cleaner No. 1" and "Slide Cleaner No. 2." [Laughter]

If you were ever on the Texas, you'd remember that the Navy Exchange geedunk stand, where they sold ice cream and Cokes and that sort of thing, was just near the doors, the first entrance of the sick bay. All these guys would come by and buy a Coke and then come by and pay a nickel or a dime for rum to go in the Coke to go to the movies. [Laughter] They had to go to the movies and watch rum and Coke.

When you finally got around to Philadelphia, were assigned to the hospital in there?

Yes, I went to work in a ward. I first worked in a psych ward, then I worked in a surgery ward. I worked in a record room, doing medical records.

Did you receive any additional training when you were there?

Yes. I became an EKG tech. I think the guy's name was W.J. Pennell [phonetic], who was the physician who was a cardiologist. He was an old-timer.

When did you have your association with Dr. Pugh? [H. Lamont Pugh, 20th Surgeon General of the Navy, 1951-1955]

Oh, H. Lamont Pugh.

Was that at that point?

At Philadelphia, yes. I was assigned to the operating room. Pugh was a fellow that was the teacher 24 hours a day. He loved everybody. He was unassuming. He was a humble man. All the enlisted people just loved him.

He came from Virginia, too.

Yes. He was a graduate of the University of Virginia. Years later, when he was the Surgeon General, I was at the naval hospital at Portsmouth, VA. So the SG had come to Portsmouth for one of his visits. I think at the time Caldwell Jackson Stewart [phonetic] was the commanding officer, Dr. Stewart, who had been a surgeon.

They had the usual receiving line, and people were lined up outside the club waiting to get in so they could go through the receiving line. It was in the days when you could throw a big party, because they had slot machines in officers' clubs and they paid for all of the entertainment out of those funds which were put in by the members.

Pugh was there with his entourage, and I was out there in line, my wife and I. Somebody told him, "Johnny Lipes is out there in line."

He said, "Don't you think we're keeping these people waiting too long? Let's just say hello to them in here."

So they sent somebody to get us and they took me inside. So Pugh and Jack Stewart and me and two or three other people went off to talk. This is the kind of a guy he was. He was just a Virginia gentleman.

When I was at George Washington [University], he was the student physician and ran the little sick call center.

The students at George Washington--

Could go over to this little sick call center if they had the flu or they didn't feel well, and he was the student physician.

This was after he had retired as Surgeon General?

Right.

This retired rear admiral was running--

This shows you the kind of fellow he was.

Absolutely. He loved to take care of patients.

He loved people and he loved patients. I walked into that sick call center, and he was sitting at a little table, little old skinny table, usual school furnishings, and had his back to the door. When I walked in, I was the only person there. He said, "I'll be with you in a minute."

I said, "Yes, sir. I'll be glad to wait."

Then he finished writing what he was doing, turned around, and you should have seen the expression on his face when he saw me. He was a great man.

I met him in his later years.

Stewart was one of his contemporaries and a Virginia gentleman, who came from the area around Winchester. They had all gone to the University of Virginia. Dr. Stewart's family were out of the lineage of Jeb Stewart and Stonewall Jackson, so they were true bluebloods of Virginia, first families.

Pugh was from Crozet, VA, that little town right near Charlottesville. Did you actually work in the OR with him.

Yes.

They always said he was a tremendous surgeon.

Oh, he could do difficult surgery and make it appear to be very simple. He liked to specialize in proctology. He did a lot of rectal surgery and intestinal surgery. He never found anybody that wasn't qualified to learn. I think that's what stood out. You know, there are people in the world who won't let you do something or be present or assist or have hands-on because you aren't qualified. His philosophy was that you won't be qualified unless you are taught and have the opportunity to do it.

So he gave you an opportunity, then. What types of things did he teach you?

Well, he taught me anatomy, and I've always had a great interest in anatomy. I think one of my highest marks in the Hospital Corps School was in anatomy. To me, it's always been an easy road map to learn.

I think I told you one time, Jan, that in the OR he seldom became upset about anything, but one time he threw an instrument, and he stopped. I was holding a retractor, and he said, "I won't take another step until you accept my apology." He wanted everybody in the OR to accept his apology.

What had prompted his outburst, do you recall?

I don't recall, but it was unlike him. But, you know, we're all entitled to that sometime.

The kids were always doing something in those days to make a little money. People didn't make much money. We made \$54 a month as a hospital apprentice first class, and when you became a third-class petty officer, you made \$60 a month. And if you were on your second enlistment, you got an extra 6 dollars, so, you know, you were one of the big boys with 66 bucks a month.

But Pugh was always one of the crew. Groups of us would go down to the Navy Exchange and buy a watch for 5 or 6 dollars, and say to the guy, "I'll pay you in a little while." And then you'd go get some slips of paper and run a quick raffle for 25 cents apiece, and you'd sell 100 tickets and make 25 bucks, and Pugh would always buy tickets. He was buying tickets from all of us. [Laughter] But he would always participate in it.

All of us who worked with him, and then when he became the Surgeon General; it was a time when people respected the Surgeon General of our era, and they knew he was there doing the best he could for everybody, but most of all for the patients.

Bart Hogan [Bartholomew Hogan, 21st Surgeon General of the Navy, 1955-1961] was a fellow who had a great deal of friendship and warmth for the enlisted man. I remember being in his office one time in Philadelphia, and he was the executive officer and was going to be moving to Bethesda to take over some job there. He had a lot of political contacts and would drive to Washington in the snow and ice just to play poker with some senators. Someone had called on the phone to ask something and was getting pretty snippy with Hogan, and they said to him, apparently, "Well, just who are you?"

He said, "I'm a doctor, but I guess I've been pretty lucky that I am the executive officer of this hospital." He was a master at the put-down.

Where were you promoted to third class? At Philadelphia?

Yes.

In '37 or '38?

Somewhere about--maybe '38.

How long were you there?

From '37 until '40.

You were there until 1940. So you probably made second class before you left.

Oh, yes. I made second class.

You had a relatively rapid series of promotions, to make first class by the time you were 21.

Yes. My attitude was that I didn't care what the job was, I was willing to do it. I wanted to learn everything I could learn, and I wanted to work with doctors who wanted to teach.

When I arrived in the Philippines at the naval hospital at Canacao, Dr. [Lea] Sartin was the cardiologist, and he and I became very close friends. I read EKGs. I had been well trained by Pennell and his team and I could read these things, but in those days it hadn't been long since you were putting your feet in brine to get some conductivity. We were using cord strings and all this stuff that would break and the Navy would get upset because the string broke and they cost \$40 to replace them, and my God, you were in trouble all the time. He didn't want to adjust the string because it would snap.

We had a line commander brought into Canacao, and they ordered an EKG and I did it. The moment you looked at it, you knew that the guy had an apical infarct. I mean, he had a beauty. I never will forget what Sartin said to me. I was more current at reading EKGs at that moment than Sartin was. He said, "What do you see there?"

I said, "He has a left coronary block. See it right here. You look at the electronic time, electrical current."

He said, "Well, now, I don't think we should read too much into this."

It was a classic, right out of a textbook. You couldn't miss it. I said, "I'll make you a bet. I'll bet you a quarter he's going to have another one and die."

He said, "I'll take your bet."

In about 6 hours, he was dead.

Was there anything at the time that could have been done?

No.

It's just a serious disease.

That disease was there. This guy was given orders when they brought him into the hospital. He was type AAA. I mean, he was an uptight A.

What did Sartin say after he paid off his bet?

He said, "Hmm, I guess it was there." Sartin was the type of gentleman that you found in Pugh.

He seemed like a fairly easy-going guy from what I've heard.

He was a gentleman. I think the thing that impressed me about the doctors in those days is that they were interested in us and we were interested in supporting them and doing the best we could for them. That kind of camaraderie isn't around today. The Navy was small and everybody knew everybody.

But I left Philadelphia to go to the Philippines, to the hospital in Canacao. Once you entered a passenger status, you were not anybody's ship's company. You were in limbo.

How did you get to Canacao?

On the transport USS Chaumont. [AP-5]

It left from Norfolk?

From San Francisco.

How did you get to San Francisco? On the train?

No. We went--let me think. Yes, I guess we did go by train. When you're en route, wherever you're going, you had to have a recommendation from the senior medical officer to the Bureau of Medicine and Surgery that BUMED would then send an examination to your command for them to keep it locked up until the day that the exam was to be given, and they gave it Navywide.

When I was at the receiving station in Yerba Buena, which is Goat Island out in San Francisco, it was a receiving station where you would wait until time to go. So they put you to work in the sick bay, and the ship's company took it easy and all of us in transit did most of the work.

There I worked in the lab and in the pharmacy. The senior medical officer was, I think, a commander who had been around. Commander rank in those days was way up the line. I had asked the senior chief petty officer in that medical system, I said, "I have to have a recommendation so that I might get the opportunity to take the exam."

This was for first class.

Yes. And he said, "Well, I'll tell you. We've got two people who are going to take the exam for first class, and I'm sorry I can't do anything to get you a recommendation, because I don't want to create any competition for our people."

I said, "But it's not my fault that I'm in transit."

He said, "That's just the breaks of the game."

If you go back and look at the number of people promoted Navywide in those days, it's like ten for the whole Navy, and not belonging to anybody--no mama, no papa, no Uncle Sam--you're out there all by yourself.

He said, "Well, you're qualified. You met all the eligibility requirements. But I can't do anything to put competition up for my own people, my ship's company."

So I talked to the senior medical officer one day, because the pharmacy was right there by his office. He said, "Well, of course I'd sign a recommendation for you for the exam, but it will be whatever the chief says."

This was the chief who had said this?

The chief had said this. See, he was taking care of these people. So I prepared my recommendation and put it in the "in" basket with all the insurance forms. Now, this guy did insurance because they used to pay the doctor 5 dollars, and people were selling all these people in a receiving station like that insurance--\$1,000 policies. So he signed it.

I got hold of a yeoman up in the exec's office, and I said, "I have a recommendation that I have an examination. I need to get a copy of an exam."

He said, "Oh, it's too late."

I said, "Well, you owe me a couple of favors, and I'll have to call on you. I want to take the exam."

So he got the exec to approve the endorsement, and they sent it on to Washington, and my exam showed up, sealed with all that wax they used to use and all those seals on it. When I

got the exam, I said to the yeoman up in the exec's office (nothing to do with the medical department), "Just keep this to yourself."

When the word got out somehow to the chief petty officer, they transferred me from the receiving station aboard the USS Chaumont, which was up at Mare Island in the Navy yard, because they didn't want me there when the exam was given.

But you were able to take it on the Chaumont?

Yes. I went to the Chaumont, and they took all my records and locked them up with everybody else. So there were three people on the ship who were going to take the exam for first class, and they were all bemoaning my fate that, "Well, it's too bad you're not ship's company so you could take the exam, but maybe you could quiz us and go through the Hospital Corps handbook."

So I did that. We'd go in the OR and spread stuff out and talk, and I'd ask them questions like, "How many fingers on a hand?"--you know, real tough questions.

It was a strange set-up. There was a salon down a set of stairs or ladder right from the sick bay. Competition was terrible, so they put in that salon right below the sick bay four card tables. These three guys in ship's company went down to take the exam and I showed up. It was in a room such as this, and out there where that cabinet is was a sofa, and the physician or officer monitoring the exams was sitting looking right at us at these four tables.

Now, I'm at the second table. You're at the first, I'm second, then three, four. I'm between two of the ship's company. Well, this guy on the end would scratch down some notes and throw them back over here, and the guy would get them and go up in the sick bay and look up the answers and come back down and throw them to the guy. Now, he had to get that stuff from the first one to the third one, but he didn't want to give it to me.

What was the officer doing while this was going on?

He was out there reading something and talking to somebody and smoking a cigarette. But all this activity was going on, and I was going on with the questions.

They wanted to get this stuff from here to there, but didn't want me to get these answers. Finally, he said, "Psst, psst," and I said to him, "What?" [Laughter]

And that put an end to that activity.

The officer didn't react at all, and finally the guy said, "Pass it on." So he handed me this piece of paper and I looked at it and just handed it over to the guy. I had nothing to hide.

In the sick bay, they'd sent these guys the wrong answers. [Laughter]

Deliberately?

Yes. But I remember the question. I'll never forget it. What's a deficiency of B-1? What's it called? What vitamin deficiency is present in scurvy? And they put down ingrown toenails or something. [Laughter] So that's how I managed, in the hardest way, to get fair treatment just to take the examination. The stumbling blocks to advancement for a very few promotions was horrendous.

Actually, your approach to the exam was a lot more efficient than theirs was, as you've just demonstrated. But the hardest part was just getting the exam in order to take it.

I didn't have any trouble with--whatever was in that exam, I'd take my chances on being able to answer those questions. There was a senior medical officer on the Chaumont at the time.

What type of ship was the Chaumont?

It was a transport, troop transport, 3,000 or 4,000 men.

AP.

Yes. The physician on there, the senior medical officer, was a fellow by the name of Storch [phonetic]. Dr. Storch, years later in Philadelphia, when I was back there, was a patient there with cancer of the pancreas.

Was he a drinker?

Yes. But when the exams were over, at the bottom of the exam he had to interview you and ask you questions. They asked such questions as, "If you have only a teaspoon of liquid and you want to make a 1 percent solution, how much of the drug do you use?" He would ask these questions, and we would talk to him.

When the exam was all finished, he asked me to come in to see him, and he said, "You know, I'm so sorry. It says down here, 'Recommended for promotion,' and I have to sign that. I can't sign that and recommend you for promotion, because it will hurt the opportunities for my people on this ship to become first class."

I said to him, "Doctor, I understand. The system isn't fair, but you have to do what you have to do. I thank you for talking to me. Thank you, sir," and I left.

I was one of the few that was promoted to first class.

Just by virtue of the fact that you had answered the questions correctly and they hadn't.

I guess so.

He really didn't sign it?

I think he might have put "Not recommended."

Can I go back and review what I remember of the process? I was a kid in grade school, but I've always been interested in this. It was at the time a Navywide competition and by examination, and they graded the exams and there was a cutoff, and you either passed or failed, depending upon the level of the cutoff. But then you also could get quotaed, because there may have been 100 that took the exam, 50 that passed the exam, but with only space for 10 to be promoted, so they would take the 10 off the top. And a lot of other things counted, like how long you'd been in the Navy, how long you'd been in your particular grade, what medals and decorations you had, and your quarterly performance scores, I think.

Right. Your medals didn't have much to do with it. The Good Conduct Medal was the one that counted, because there weren't medals being given.

I recognize in talking to you that you never would have had a problem passing the exam the first time you took it.

No.

The fact that at age 21 you were a first class on your first enlistment, or in 4 years in the Navy, is remarkable, because I knew people that never even made petty officer in their first enlistment. I think the fact that when you enlisted the Navy and Marine Corps combined was 110,000 people, and by 1941 it was somewhere around 225,000 people, which meant that there were opportunities that you wouldn't have had, an individual like you wouldn't have had, in the period from '30 to '35. But from '36 to '40, they were making new billets which required a hierarchy of leadership, and you were the right man at the right time.

It was brought on by the world conditions. You see, Hitler was rumbling and moving and marching, and we were still being isolationists. But Roosevelt saw what was coming, and he stroked the public to finally bring them into line.

Your description of what went on is eye-opening, because you know the raw numbers. But your account of the pettifoggery and the manipulations, the deceit on the part of leading petty officers and medical officers to obtund the intent of the Navy leadership to favor their people is interesting. Their conniving at an illegal examination, while at the same time their people knew what was going on and knew that these lunkheads didn't know the difference between a right answer and a wrong answer is comical, and yet it's very, very important to understand the ethos and the esprit of the Navy Medical Department at that time.

What happened is what happens in life generally. You don't always promote the most qualified people, and because you get into the system of tradition and hierarchy, you cannot move up and advance through whatever channels there are, because you must mark time. You see that in many officers' promotions in the 50s and '60s.

You take a guy who's an alcoholic, who can barely stumble around, who's on the district medical officer's staff, and you've got younger people farther down in the register, in the roster, and he's promoted and these guys are left out. You say, "Is there a better way?" I guess there is a better way. But they permitted this to go on because there was not an evenhanded approach to giving everybody an opportunity to compete on a fair plane. So I guess I was--

It still exists.

Oh, sure it does.

A Medical Service Corps officer told me about 10 years ago that with a 40 percent promotion opportunity from lieutenant commander to commander in the corps, if your fitness report didn't put you in the upper 1 percent, you couldn't compete. I said, "Do you mean to say that 50 percent of the Navy's Medical Service Corps are in the upper 1 percent?"

He said, "You have to say it, or I won't have a chance."

Now, that's his opinion, but he was a personnel specialist. He had come from BUPERS. He'd been working in the personnel branch of the Medical Service Corps half his career as a commissioned officer, so I think he had some insight. But that's a terrible situation.

John, a friend of mine, was in Vietnam, and they sent over their usual entourage to look around and go back and say there's no drug problem in Vietnam. Well, John has all the guts it takes to do whatever has to be done, and he went through the channels and said, "I disagree with you. We have a terrible drug problem. I'm here every day." Then they told him, "Shut up." So he got hold of Time and laid it out.

They took him out of Vietnam, put him back in Washington doing something in research having to do with lasers in the early stages of synthetic rubies in lasers, and he finally just decided he'd had enough, and retired.

Can I ask you something about your trip to San Francisco? You said we went on the train. Were you married by that time?

Yes. But "we" means other people in the group. We all got transferred in a body.

You went in a group, and you had a senior petty officer who was in charge of seeing you all got there on time.

Yes.

Did you have an officer or were you allowed to just--

No, you didn't have an officer. You had either a first class or a chief. And some of those guys would drop off wherever they were going along the way.

But you were married. Did your wife stay in Philadelphia?

Yes.

Because you knew that you couldn't take her to the Philippines.

Right.

This was after the dependents had been evacuated in the Philippines.

Yes.

November of '40, I think, is when the order came that all dependents had to leave the Pacific.

That's how I got that submarine, the Sealion.

When you got to the West Coast, you were just there in transit on your way to Canacao?

Yes. I was going to the naval hospital at Canacao.

Can I back up to one more thing? You had your own appendix out in Philadelphia. Do you remember much about that?

Yes. I got on the elevator on the first floor going somewhere, and the chief of surgery was standing in the elevator.

Was that Dr. Pugh at that time or had he left?

No, he was there, but I think this was a fellow by the name of Johnson. He was a lieutenant commander, best I can remember. There was a commander whose name was White, and he was the chief of medicine. As I stepped into the elevator, I spoke to Dr. Johnson, and just as I spoke to him, I said, "Wow!" and doubled over.

He said, "Hmm," pushed the button for the third floor, and we got off at the operating room. [Laughter]

One of the interesting things about appendectomies in those days is that you were put to bed and you had to stay in that bed. You were supposed to stay there for 5 days and not get out of bed. I was thirsty. There was a hospital corpsman. They usually put your most recent surgical cases in the first bed by the desk. That's so you can hear all the noise and get all the lights. So I said to this fellow, "Vernon, could I have a drink of water, please?"

He said, "Oh, shut up and go to sleep."

There was a drinking fountain. You know, the bed's here, and it's about where this black pillow is. I decided I was going to get a drink of water, and I gingerly got out of bed and went over to that drinking fountain and got a drink of water. That's the current treatment, but, oh, you should have heard the hell that was raised about me getting out of bed.

Your buddy, the corpsman, may have gotten 30 days' restriction for letting you do it. [Laughter]

The difficulty was getting back in bed, because the old gatch beds were raised up with a crank and they were up off the floor. It didn't seem to--

They couldn't take you off the sick list until they could return you to full duty.

Right. But eventually they got smart enough to put you in some recuperative group, and you could do light duty. But the manpower loss was tremendous, and there wasn't anything wrong me with me. I felt fine. But they'd say, "Well, you know, give you special liberty." But you were 18 days carried on the sick list.

You talk about competition and the attitudes of people and how they were very intense about whatever they did, there was a second-class petty officer who was in the master-at-arms force, a police force in the hospital, and his boss was a chief petty officer who tried to make all of the staff pay off about various things. You might have special liberty that starts today at 12 o'clock, but if you're willing to come up with 50 cents, you could leave at 12 o'clock. If you didn't, he could have you doing something special as an assignment that you couldn't be free until 3 o'clock.

One fellow, a hospital corpsmen, a second class, had a wife in the hospital. His wife was in need of a transfusion, and they couldn't get anybody to give her blood. He came to me and said, "My wife is hemorrhaging and she needs blood. She's in St. Agnes Hospital up on Broad Street."

I said, "Yeah, I'll go give her a pint of blood."

So I went up to the hospital. In those days, we gave direct transfusions. You'd stretch out alongside the patient and take it out of your arm with one stroke of the syringe and push it in

with the other one into her arm--direct transfusions. They took about a pint and a half of blood. I went back to the hospital, and the woman got better.

I guess it was about a week later. We used to get off at noon on Fridays so you could clean the quarters, go over and do all the cleaning and scrubbing and do the whole building. If you were going to have a weekend off, you could go on liberty at four o'clock on Friday. It was about 3:30 and my job had been finished, and I decided I'd wash my car. I had on a white uniform and white Navy-issue sneakers, tennis shoes.

We used to mix glycerin and alcohol to put on your tires. You buy it now. They used to keep a big jug of glycerin and alcohol that everybody used to put on outside the lab. I went up the back steps and had a little container, and I ran into this second-class corpsman whose wife I had given the blood, and he said, "What are you doing in this building out of uniform?"

I said, "I'm not out of uniform."

He said, "You've got on those tennis shoes. You're not supposed to be wearing those in the building."

I said, "But they're Navy issue."

He put me on report for being out of uniform, and I had to go listen to the comments at mast. But these were the defenses that people had because of the rigidity. They were so afraid that if they didn't take some action, no matter how ridiculous it was, that something could impede their own progress. And this guy as a second class had hash marks up to his elbow, so he'd already been impeded as far as he could be.

It's interesting you said that as a second-class pharmacist's mate, you had a car.

Oh, sure.

What kind of car did you have?

In 1938?

What year did you get married?

'39.

So you bought that before you got married.

In '37 I had a Ford, and in '38 I had a new Ford convertible.

Paid for out of your Navy pay or were you working outside, also?

I had invested \$25 in some stock, and it went up like six or eight points or something, and you were suddenly rich. But the car was \$670 or something for a convertible, biggest V-8 engine you've ever seen, and everything in it was leather. It had a rumble seat in it.

You bought it new?

Yes. You know, you paid it in installments. You think, a set of tires would cost you that now.

Right. With what they were paying the enlisted in the Navy, I'm still amazed that you could afford to run it, much less pay off the--

The cheapest gasoline that you ever bought was what?

Ten cents a gallon.

What about you, Jan?

Thirty-three, thirty-four cents.

The cheapest gasoline I ever remember buying was four cents a gallon at the pump at the exchange gas station at Norfolk, VA. Then one day we drove in for gas and, my God, it went up to a nickel. [Laughter] You talk about moaning and howling. Money went a good distance. But I guess it's all relative.

Was it common for third- and second-class petty officers to have new cars?

Sure. People had new cars.

You lived in the reservation at the hospital.

Yes, but people had cars. I would rather have done other things with my money than drink beer in South Philadelphia.

You were prudent with your savings, so you could pay for it.

I guess that everybody decides what he wants to do in life. I saw the Navy as a great family of people. I saw it as a job and something you could take pride in. I didn't see it with all the pseudo-fraternalism. You take it for really what it is. It's a collective group of people doing a specific thing, which has to be done under discipline, and you have to accept and subordinate your own wishes for the good of what had to be done. Now, whether that was right or wrong, you had to do it. Just getting an examination to have advancement and you wonder what would have happened had you not made first class. You'd have never been eligible to go into submarines.

You had to be first class? No, there were second-class during the war. You had to be second or first class.

You had to be first and almost assured of promotion. I think the system made the competition so keen that maybe people tried harder and did a better job.

Before we went back to your appendectomy, we left you on the way to Canacao. Did you stop off at Pearl on the way over or anywhere, or did the ship go straight over?

We went into Honolulu and tied up at a pier near Aloha Tower. I think we had 2 days there, and they took on people and discharged people, and off we went. From there, we went to Midway, Wake, Guam.

There's a fellow here that is in the city who was a hospital apprentice second class on the Chaumont who disembarked at Agana in Guam and went to the hospital there. The war came, and he was captured and kept in a prison camp for 4 years. When I came here to Memorial Medical Center, I had come out of my office and was saying something to the secretary. There were two or three people in her office, and behind these two people near the doorway was a tall man with gray hair, and I looked around and said to him, "Hi, Al. I haven't seen you in 40 years." He lives here in the city. He was a drug salesman for a pharmaceutical company, and he's retired. But I hadn't seen him, and just as soon as I looked up, I knew him.

You got to Canacao. What month was that in 1940?

Early in '41, January, maybe.

January '41, and you immediately went to work on the wards there. Not on the wards. You said you were--

I went into the lab. I stood some watches in the OR and I did EKGs and the things we talked about yesterday. We had what was known as tropical hours, tropical working hours. You worked from 7:00 until 11:30 in the morning. You stood a watch every seventh day. When people went to work at 7:00, they were leaving early at 10:30 in the morning. [Laughter]

What did you do with your afternoons?

I spent most of my afternoons in the Cavite naval shipyard at the disbursing office and the Supply Corps office. I knew there was not going to be much opportunity for promotion in the medical department, and there was little future to be had. So I had decided I was going to learn to be a Supply Corps officer. There was a warrant rank, which in those days was called pay clerk. If you were appointed as a pay clerk, you had to do 5 years at sea. That was the first requirement.

There were three or four of us that were making some of these plans, and so I would go and work in the Supply Corps office and learn the supply system and how it functioned and those things that you needed to know to at least have some idea of what you had to do to pass an exam for pay clerk.

Then before the Japanese attacked Pearl [Harbor], they came out a month or two before and said if you were in the medical department, you were frozen. You know, you weren't going anywhere.

Frozen in place.

Yes. So you couldn't go leaping off.

Rank-wise or assignment-wise?

Assignment. If you were in the medical department, you were going to stay there. They weren't going to let you take exams for pay clerk. I had spent 10 dollars or something and had gotten a stack of exams given for the last 10 years for pay clerk, and some of the warrant officers and commissioned warrant that was in charge of the unit had some old exams, and I studied those things religiously. So that's what I did with a lot of my time.

What was the general feeling at the time at Canacao about the fact that there possibly was going to be a war in the Pacific? Did you feel or was there an undercurrent--
We knew that.

You knew there was. The reason I ask this question is, I've interviewed some of the nurses who were with you at Canacao, Peggy Nash and--
Ann Bernatitis?

I've spoken with Ann Bernatitis.

Oh, yes.

Almost all of them said, yes, there was an undercurrent, but they felt that the Japanese wouldn't have the nerve, they wouldn't have the nerve to pick a fight with Uncle Sam, and so for the most part, they felt safe. They didn't feel they were in any immediate danger. Did you feel that way?

Most of us in the enlisted ranks were more realistic. We used to sit around and talk about where would you go, what will you do, what's going to happen to all these patients in an iron lung? You know, they had patients in the lungs with polio being hand-pumped by the corpsmen. So these were the things we were thinking about.

These were young men, active duty?

Oh, yes, all in our 20s.

I'm talking about the patients.

Oh, yes, active duty with polio.

Not pediatrics.

No.

Had there been an epidemic of polio there, or these were just isolated cases of polio?

There was a lot of polio, a lot of polio.

There was an epidemic in the Philippines.

Yes.

Because it was a tropical island and because of the nature of the sanitation.

But I had the feeling that it was just a matter of time. People in the fleet out there in submarines and destroyers felt that it was coming, but, you know, none of us had any fear of the Japanese.

I remember one of the things that happened in Cavite and little towns around, about 2 weeks before the attack. Various Japanese tailor shops and restaurants that were supposedly Chinese but were really Japanese, closed for "remodeling," the old deal they used to do in San Diego when the fleet went to Honolulu. Everything was closed for remodeling, and these groups of people just disappeared.

At the hospital they had some work that needed to be done, some extra lab work and I said I would come over and help draw blood and do whatever. So it's the weekend, and I went from the submarine, the Sealion [SS-195], back over to the hospital and helped with the drawing of blood. It was on a Saturday and Sunday.

On Sunday night, I just decided to sleep in what they call the camp. It was an open building that had canvas sides on it, and everybody slept under mosquito nets. There was an empty bunk, so I stayed there.

The CO, I think, was a fellow by the name of Roberts. He and I had been friends when I was on duty at the hospital, and he came into the building where we were sleeping, very early in the morning, maybe five o'clock Monday morning, and he shook me through the mosquito net,

and I'll never forget his remarks. I sat up, and he said, "Hostilities have begun in the Pacific." That was his announcement. Well, everybody was awake instantly.

So I got out of bed and didn't bother to take a shower. I just jumped into my clothes and headed for the gate and got a callesa, a little horse and two-wheel carriage, back to the Navy yard.

On my way, there was a place called Chefu's Kitchen, a little restaurant where they used to sell the best chicken, and everybody put it on a tab. I hopped out of the callesa and went in and gave the guy the two pesos or something I owed him, because Chefu was a good friend of everybody, and got back in the callesa and went on to the gate and then walked to the ship. When the bombing came, they wiped out Chefu and the restaurant and everything else, so I wasted my money by paying Chefu his debt.

The submarines had live torpedoes already in the tubes before the attack.

You were already on the Sealion at this point.

Yes.

I want to go back just a little bit, because we talked about it yesterday. There was a point during your assignment there at Canacao when you decided submarines was the way to go. What was it that convinced you that that was what you wanted?

I really don't know. The duty at the hospital was excellent and it counted as sea duty, but I wanted to go to submarines and had talked to the personnel officer. He thought I was insane for wanting to give up the good life to go to pig boats.

Finally, I had gone over to the Canopus [AS-9], which was the tender for the submarines, and had asked the doctor about my getting transferred to the boats, and he said, "Oh, sure."

So when I arrived on the Canopus, he told me that he had decided maybe that he wanted to keep me on the Canopus, and I expressed my feelings that I didn't come there to be kept on a tender. He was a guy you could talk to. He didn't take everything as insubordination, and I told him. He said, "There are no vacancies out there."

Do you remember his name?

I keep trying to remember it.

Was he a submarine medical officer or was he a general medical officer?

A general medical officer. See, in those days, you were assigned to the tender as a duty ship, and just because you supported submarines didn't mean you were a submarine medical officer, because they didn't have any physicians on submarines.

Occasionally, the junior medical officer, the jaygee, would have had a course, and then he would take care specifically of the personnel of the submarines, and the others would take care of the personnel on the tender.

But he really didn't know a lot about submarines. He knew we had a lot of rashes. He knew we had problems with obstructive lung disease, maybe, and things like that. But there wasn't a lot of specialization.

When I made so much noise, the squadron medical officer just said to me, "There's nothing out there."

I said, "If I find one, may I have it?"

He said, "Yes, but there's nothing vacant."

There was a second-class whose name was Lester, and he and I went out across these submarines and came to the USS Shark [SS-174]. We went down the hatch and through the ship, came out the other end. Apparently, a fellow on there was getting ready to be transferred, and when we came out of the after engine room hatch and up onto the deck, he said, "Do you want this one?"

I said, "I don't want any part of this Shark."

He said, "Well, if it's okay, I'm going to go back." So he went back and told them he'd take the Shark. I don't know what it was.

This was Lester?

Yes, Lester.

Lester took it. So there were two of you who wanted submarines.

Lester--I think if you look at those losses in World War II, he's right there on the list.

You said there was something about the ship that just didn't sit right with you.

The ship was dirty. I'm impressed with things that are neat, sharp, and clean. You know, it can be old. The furniture you're sitting on is 50 years old. But, you know, it impressed me that the place was not sharp and shipshape. I guess it's the dirt in the corner. You don't sit around and think about those things, but how does it make you feel, and I didn't feel comfortable with the Shark. If I had said, "Oh, goody, here's a vacancy. This guy's going to get transferred," that's where I would have been, on the Shark.

I continued out over the subs that were tied up till I came to the very last one, and it was the USS Sealion. I went down the hatch and back in the after battery area, and there was a pharmacist's mate, and his name was Richter. I said to him, "Hi, Richter. How are you?"

The fellow greeted me with, "Who are you? I don't know you. I've never seen you before."

I said, "Why, certainly you have." I named some things we had done together.

He said, "You don't know me. You know my twin brother." [Laughter]

The Sealion was sparkling, it was clean, it was new, built in '39. It just had a good feeling about it. I said, "Do you like this ship? Do you like submarines?"

He said, "I hate submarines, I hate anybody in submarines, and I hate anybody that knows anybody in submarines."

I said, "Do you want to get off this thing?"

He said, "That's my greatest wish, but..."

I said, "I'll take it."

Then he made some derogatory remark about who did I think I was.

I said to him, "Why don't you come with me back to the tender."

So we went to see the squadron medical officer, and that's how I got assigned to the Sealion. It was a good move.

Then when the bombing took place [10 Dec 1941] and the Sealion sank, I then was picked up on the perimeter of Cavite.

Were you on the Sealion when the bombs hit?

Yes.

What happened?

In fact, I had been at the dispensary, and the bombers were coming. You could hear them roaring, and the sirens were going off. I was running several blocks to get back to the ship, and I had to go across a barge that our torpedoes were on. We had to take them out. We were having some overhaul.

I went down the after torpedo room hatch and started through, and when I got to the engine room, there was a guy sitting up there in the hatch, watching the bombers. I climbed up the ladder and said, "Let me take a look."

He put his foot against me and said, "No, this is my seat."

So I went on forward, opened the watertight door, dogged it down, and moved through the after battery, stepped into the control room area, and turned left into the radio shack. Just as I stepped into the radio shack--BLAMMO!--the bomb came down that after engine room hatch where that guy was watching those bombers, and blew that tail out.

The next bomb hit our conning tower, and that's where I got this extra part in my hair. The nose of the bomb came through into the radio shack and some splinters of shrapnel, and it was the shrapnel from that explosion that got the conning tower of the Seadragon and killed the engineering officer, Hunter, just chopped his head off, and wounded people.

The pharmacist's mate on the Seadragon was a fellow by the name of Art Diaz. Diaz transferred himself. He had a nick, just a scratch, but he transferred himself off the submarine to the hospital with that scratch, because some of the people in the prison camps that got back told me that Diaz had it figured out that if he were transferred to the hospital, they would evacuate people back to the States and he'd get out of there. So by him transferring himself off the ship with his flesh wound, it left no pharmacist's mate, no medical department representative aboard that ship. They say that he died in a prison camp, and he was blaming me for being there. Well, I didn't put him there; he transferred himself.

When they picked me up after the Cavite bombing, I went across the bay to the Canopus tender, and they had towed the Seadragon over there, because all the main engines were down. They had them torn up. The only thing they had with power and propulsion was a little auxiliary engine, using them for charging batteries and a few things.

So I went aboard the Canopus, and I think I told you yesterday I ate the best meal I ever ate. They gave me hot dogs and sauerkraut, and it had been a long time since--it was like midnight, and I had had a can of chicken noodle soup in the little exchange stand that they sold to the industrial people. That's what I had had for lunch.

They gave me a cot and a towel, and I took a bath and stretched out, and just as I sat on that couch, they paged over the loudspeaker for me to report to the sick bay. I went up there, and there were three or four first-class people around, and they were trying to convince the senior medical officer to let one of them be assigned to that submarine that had no representative. He then said to me, "How would you feel about another submarine?"

I said, "I'm ready now, sir."

The others were protesting, but he said, "He's the only one qualified in submarines." So that's how I got into the Seadragon.

You mentioned yesterday about the qualifications, and you said that you had qualified fairly quickly. What did you need to do to qualify for submarines?

There was an extra compensation of 15 dollars or something a month, which was a lot of money, and you didn't begin to draw that qualification pay until you had completed the qualification exam. They had some blank diagrams of a submarine, the interior. It's about like it is in [Theodore] Roscoe's book [Pig Boats: The True Story of the fighting Sub]. You see how it's laid out. You were required to show the air lines and the water lines and oil lines and various hydraulic systems, and you had to be able to start a main engine. And, of course, they always had the final test, in which you had to blow the sanitary tank used as waste water and toilet.

That sanitary tank, the reason they used it to determine your qualification is that a lot of people would fail their qualification exam because if you didn't turn the right valves in the right sequence, you would blow that sanitary tank and all of its debris back into the commanding officer's stateroom. So one thing you tried to learn was how these valves were opened and closed for that purpose. I was qualified in fairly short time, because it was in my best interest to do that.

What month did you go aboard the Sealion, do you remember?

About October, I think.

Of '41?

Yes.

So a normal period is less than 6 months to qualify, and you did it in around a month.

Three months. Maybe 6 weeks or something.

Six weeks, yes, because you were finished before December and you went aboard in October.

Yes.

Did you ever think that if you hadn't been so aggressive in passing your qualifications that you might not have gotten the nod as being the only designated submariner among the people who wanted the billet on the Seadragon?

Oh, I think so. Maybe the senior medical officer would have thought that through and said, "Well, he might not be qualified in submarines yet because of the short time, but he's been there and understands them." That's how I would have reasoned it if I were trying to make a choice between you and six other people.

But knowing how they thought, I thought the best thing I should do is get on with it and become as much a part of that team as I could, because in that submarine game, everybody in the submarine fleet knew we were going to war with Japan. I mean, you've got live fish in the tubes. It was a given. It was a foregone conclusion that we had to be ready to do it, and we did.

As I mentioned yesterday, the Seadragon had holes in the pressure hull and some in the conning tower, and the next morning after I went aboard, they took it out in the bay and rolled it over on one side, just flooded, and took a wooden box and made a cofferdam and took little pieces of steel and welded them in place. It was always a conversation during depth-charge

attacks how we felt about those patches, and we had the utmost confidence in those patches. We thought they were better than the original.

Speaking of that, when you were out on long patrols in those days, torpedomen stayed in their compartments for long periods of time and never came out, and the guys in the middle section of the ship in the control room or in the after batteries, forward batteries, they didn't go into the torpedo rooms. I've taken the trip that was maybe 150 feet, and I've seen people I haven't seen for 2 or 3 weeks. The philosophy behind that was that in our torpedo rooms we have an escape hatch, and for all of us in the middle sections of the ship, our attitude was, we didn't want any part of that death trap because you only had a quarter-inch of steel. [Laughter]

So you each had your own reasons for where you wanted to be.

Yes. People stayed where they felt safe under unsafe conditions.

But they had to come out to eat.

Well, some of them--one guy would take the food back to them. Some of them wouldn't come out, others would. Maybe they'd come out--you didn't see them--maybe at different times. But you could go back in an engine room, and you'd see people, you know, a long-lost buddy.

**Were you accepted as a member of the crew when you went aboard the Sealion?
How did you get along with the rest of the crew?**

There was no adjustment period. The crew welcomed you as a part of the team. All of us had whatever our jobs were, and we did them, and you did them with one another, because you couldn't do anything in that ship without the other guy being a part of it.

I guess one of the first bits of indoctrination for me as an introduction to the crew was a guy got his finger caught in the combing when somebody slammed the hatch, and it popped off part of the thumb tissue, just tore it back like a little cap. I managed to put that back, and his thumb worked fine. So he didn't have any joint damage. It just caught him such a way.

I can't remember the medical officer's name, but I think I told you yesterday, we were part of the group of that submarine force that was feeding Bataan, or attempting to feed Bataan, and we'd go into Cebu and leave our torpedoes and take on food and take it to Corregidor for use at Bataan.

We had picked up people who were to be evacuated. We talked about the CASS [phonetic] people, those code people. They wanted them evacuated because of what they knew. Their capture could let the Japanese break our codes.

Would that be the case? Or would it also be the fact that the Japanese would know that we'd broken their codes if they were interrogated?

They didn't want our codes exposed, and we had broken their code and there would be so much to be lost. They felt that these guys were not expendable, so they wanted them out. We brought out a medical officer of some group on staff or something somewhere and another group of people. We had, I think, a total of 18 people aboard on that run, and with a full crew, you don't have much room for 18 people.

We had a torpedo that made a hot run in the torpedo room. There was a crew member washing his face at a sink, and you know the little sinks folded up. That's how you emptied them--stainless steel.

Pullman sinks.

Yes, and it would close up. You have those little things in some ICUs these days. When he raised up, the blade of the propeller hit him in the jaw.

It was spinning?

Yes. It made a hot run. It got his deltoid, and so they called me and I went to the torpedo room, and here's this guy with his face laid open. So I went back and said, "Doctor, we have an injury up here. A fellow's been cut."

This is your passenger you're talking about.

Yes, the passenger. I said, "Could you take a look at him?"

He said, "That's not my specialty." And I guess he was right. He said, "What would you do if I were not here?"

I said, "Well, I sure need your help and your advice."

He went up there with me, looked at the guy, and he said, "It's been many years since I've done any suturing." He was a man about 50-some, I guess. He said, "I'll help you."

So I used black silk on his face and butterflies and put his shoulder cap together with some black silk. That's all I had. I saw the guy 20 years later, and he had grown out of his scar.

I think that physician taught me something. I gave him the opportunity to do it, but he said, "What would you do if I were not here?"

You just triggered something you'd said yesterday. I want to continue with this, but I want to go back because I want to ask you about it. It was something I think was very valuable. It gave an insight into what it was like to be a corpsman in the Philippines and the relationship you had with the physicians. I want to hear about the incident with the circumcisions. I think it's interesting from the point of view of what you were capable of doing. Could you just elaborate on that for a minute?

I think, as I look back over the years, the hospital corpsmen looked up to the physician. He didn't want to supplant him. He didn't see himself as a physician. You're put out there on independent duty, which was a real honor that you would be trusted to do those things, and it made you try a little harder.

I thought the greatest book that ever came out in publication, beyond the Bible, was Merck's manual. You could learn so much out of a Merck manual. You could take care of mycoses and all sorts of things.

Before the war, people were beginning to think seriously that there would be a war in the fleet, and a commander by the name of Rayburn told me that he felt that everybody on the ship who wasn't circumcised should be circumcised. You'll remember, Dr. Bornmann, there was a time when it was believed that every man in submarines should have an appendectomy before he went to the ship.

So he said to me, "I want you to see about arranging for the circumcisions." You know, you didn't have any consent forms in those days. This was what was going to be done, that was

the order, and that was it. I don't remember having any release that I signed saying they could do an appendectomy on me. Those of us in the military knew that we were government property, and that's how the system worked.

So I went up to the dispensary in Cavite and talked to the medical officer and told him that the executive officer wanted the men circumcised. He was reading or looking at something and was very friendly, and he said, "Oh, okay."

So the next day, I took the five people to the dispensary and greeted him with a big smile and said, "Doctor, I've brought these people for the circumcision, and they want this done."

He said, "Oh, fine. There's the OR. One of the corpsmen will get the stuff you need and give you a hand if you need it."

I said, "But aren't you going to do the circumcisions?"

He said, "No, that's your job."

I think we circumcised 10 or 11 people.

You had seen this done before?

Oh, yes. You didn't go in there and wonder what would happen if you cut here. I guess this attitude on the part of the medical officers was not one of sloughing off the work. It really made sure that the fellow on independent duty was going to have to do those things that had to be done. Certainly he's not going to be facing a number of circumcisions, but he's going to have to do those things that it takes to try and save a life. It was all a part of the education, and I have said many times that, really, the fact that I did the appendectomy is a tribute to the training and patience of the physicians who took the time to train us and that the fellow who had the courage and the guts was Rector [Darrel Dean] who got up on that table and said to Ward and to [W.B.] Pete Ferrall, "Anything the doc wants to do to me is okay."

We can go back to where we left off. You were talking about your duty on the Sealion, dropping the torpedoes off at Cebu and bringing back the food to Corregidor. Was that to Corregidor or for Bataan?

We'd go into Corregidor, and then they had to get it over to Bataan on lighters. The situation had deteriorated to such a point on Bataan that they were firing on Corregidor and Corregidor was firing on Bataan. We had started to unload, and they decided we just couldn't do it. There was no way you could get that food off. There were many tons of food there. So we had to negotiate the minefield and get out of there.

The Pigeon [AM-47] came alongside, and I remember the guy's name who was on it--Bolster [Richard L.]. Bolster was a hospital corpsman. He also was a diver and a wrestler--a big, big guy. He was leaning over the rail on that minesweeper. The USS Pigeon was a minesweeper. He yelled and said, "Have you got any morphine or anything for pain?"

I had two tubes of, I think, eighth grain or quarter grain, and I gave him that little tiny tube, half of what we had. It was almost fate that you could see that we were losing the battle and there was no resupply, and I think it hit me dramatically that here you couldn't get a tube of morphine for pain, but those 20 little tablets that were in those little tubes was a drop in the bucket for what he would need, but they were determined to do whatever they could to ease the pain and suffering. The hospital corpsmen did a great job, especially those not just in submarines, but the guys with the Marines.

You mentioned yesterday that at one of these resupply missions you actually ran into MacArthur.

Yes. MacArthur used to come to Canacao to the hospital, and he came along with Manuel Quezon, whom he brought over for X-rays. Quezon was the president of the Philippines, and old Emilio Aguinaldo. MacArthur was the chief of staff, and he was called the field marshal.

Aguinaldo's house was in a little town of Kawit. It was a little house, and it had a small fence around the front yard. It looked like the lot was maybe 50 feet wide, and there were little white columns, and they couldn't have been more than 25 inches high, and there was a little iron pipe that hooked to the tops of these that made a little fence. Every one of those little columns, and there were about four or five on each side going around that yard, were white caribou. And so if you go there, you'd see those today.

I did some lab work on him and EKGs and a few things.

Did you draw the blood yourself?

Yes, I drew the blood.

On Quezon or on Aguinaldo?

On both of them. And I had drawn blood on MacArthur.

Did Aguinaldo have tuberculosis?

No, he didn't. He was in his 90s.

Yes. He was in the insurrection. He was the leader of the Filipino insurrection.

And his first lieutenant in the insurrection was Manuel Quezon, so that's where that relationship was.

One of the things I enjoyed especially in Philadelphia was the veterans, and I think I bring that in right at this point because in the 30s, the Veterans Administration had money and no hospitals, and the Navy had hospitals and no money. So the Navy had contracts with the Veterans Administration, and in the Philadelphia Naval Hospital of 600 beds, there were only about 90 military patients. The remainder were all veterans of the Boxer Rebellion, Civil War, World War I.

There was an old man who sat in a wheelchair and had on his Yankee cap, and his name was Charles Doll. I'm a history buff. I love history. Mr. Doll had the rating of boy with Admiral Farragut in Mobile Bay. I found him crying one day in his wheelchair, and I said, "Mr. Doll, are you all right?"

He said, "Yes, I'm fine. I'm worried about my daughters." Now, he's in his 90s, and these two elderly women were leaving the ward.

I said, "Are they ill?"

He said, "No. They're beginning to look old." [Laughter] So they had to be in their seventies.

Then at Corregidor, MacArthur was outside of Malinta Tunnel and we were in there trying to feed them. I used to attend a Masonic Lodge in a little village called Perinyackie [phonetic], which is the next village over from Kawit. Perinyackie is the town in which they have a large Catholic church that has the famous bamboo organ. They have a huge organ. Every

piece is bamboo, and they repaired it day and night. Some priests just spent all their time repairing it. MacArthur used to show up at the Masonic Lodge, so I'd known him from that side.

I saw him outside of the Malinta Tunnel that night. He had his wife and little boy out there. I talked to him a few minutes and told him it was nice to see him. I said, "I'll see you again soon," and he said, "Well, I hope so."

We then went back out of the minefield and had to go back to Australia and get rid of our food and supplies. We had been into Surabaya immediately after leaving the Philippines after the bombing.

You talked yesterday just briefly about when the ship was resupplied, originally everything was delivered in cartons, and so you had a problem with that eventually.

When we went to sea, first of all, submarines were not built for fleet work that would last over long periods of time. They were not intended for 30-day and 45-day patrols. So the only storage you had for food was to put all the canned foods on the deck. You could tell when it was time to go home because you could see the deck. And if you still had torpedoes and no food, you still had to stay on station. That was the way it was.

They would bring aboard these cartons, corrugated cardboard cartons filled with No. 10 cans of food, and they all had labels on them, and after a short incubation period, the ship would be filled with cockroaches, because they were in the interstitial sections of the corrugation and they ate the glue and they loved the glue that was on the cans. I used to think maybe they selected which one. One was fruit cocktail and the other one was pears. Eventually it got around to the point where the cans didn't have labels.

But still, it was difficult to get them to keep the cartons off the ship, because there was no way to contain those cans, and we'd have people with sprained ankles walking on a can that flipped over, a guy rushing through the ship. I've awakened in a bunk and my legs were black with roaches. They were just everywhere.

You know, there weren't enough bunks. Everybody had to have a turnover of the bunks on watch. But we had no water for taking showers. What they did is, the air-conditioning system didn't work after the first week. It was just standard because freon leaked out. But they had a copper tank that was installed, that had just been brought in and hooked up to the drain lines. They operated the system and collected the condensate, and it ran back into this, it looked like, 5- or 6-foot copper tank, and that's what you used to brush your teeth. It was just perspiration that's been condensed.

I loved to be on the--you know, as pharmacist's mate, you still had to stand lookout duty and other things. I just loved to go up on those A-frames at night, especially if the spray was coming across the bow, and you at least got wet.

You talked also about the conditions of the mattresses aboard after a while.

Yes. The mattresses were soaked with perspiration and they were mildewed. I guess these things weren't thought about, because they thought the air conditioning would take care of much of that. But we went back into Surabaya, Java, and then had to go around to Tjilatjap, and there I talked to "Bub" [Norvell] Ward and told him we needed to get rid of those mattresses. So he gave permission for us to discard them and take them off the ship, and everybody was willing to help get them out of there. We slept on those open springs. You know, you spread your shirt out over the spring as if you were in the finest hotel in the world and got in the bunk.

They didn't have the vinyl mattress covers at that time?

They weren't vinyl, but they were some kind of plasticized material that broke down fairly well. No, the age of plastics really made the difference.

Obviously we're leading up to what we consider to be the crowning touch of that patrol--Dean Rector's illness. We are interested specifically on how he presented or--the particulars of his condition.

I was in the after battery, either taking a suture in some guy's hand or arm, and Rector came back and said, "Doc, I got a pain in my belly. How about giving me a couple of CC pills?" Are you familiar with those?

No.

They were little things that looked like a seed, tiny ones, about the size of Persanthin [phonetic], about 40 milligrams or something. These were laxatives.

You don't know what CC stood for?

I'm trying to think.

I can look it up. Paul Gallico says that Rector had collapsed. Do you recall that?

No. When you read Paul Gallico's story, Paul was a great writer, and he gradually fell into disfavor with politicians and others. But, you know, there was a time that if you cited anything medically, Paul Gallico had reported it.

Oh, really?

He was highly respected.

I know that Clay Blair repeated it in his history of submarine operations [Silent Victory: The U.S. Submarine War Against Japan]

It wasn't so. As the stories get told, they get embellished and they get bigger and bigger and bigger.

Just the simple facts were that he came back to me and said, "Hey, Doc, give me a couple of CC pills. I've got a pain in my belly, and I think I need a laxative."

I said, "Why don't you wait a little while and then come back and see me."

He said, "I'm going on watch, and I'll see you when I get off watch."

Well, he's got 2 hours up there. He came down off the watch and came back to see me, and said, "You know, Doc, my belly is really hurting, and I think you ought to either give me that or some mineral oil or something, because I just need a laxative."

I said, "Why don't you get in this bunk." We had a locker for the sick bay. That's all you had was a locker. I said, "Why don't you get in this bunk, and we'll see how you do."

He began to squirm around, and I noticed that he started pulling his right leg up and holding it to get some relief for his discomfort. So I said to him, "Let me feel your belly." I started feeling his belly, and his abdomen was beginning to become a washboard. You could just feel the washboard rigidity. So I did a rebound tenderness on him, and, my God, he almost

leaped out of bed, out of that bunk. He just came up. The pain gradually moved to the right quadrant and localized.

Did he have any in his back or his side?

He had pain--I thought for a while he might have something going on in the gall bladder. But he complained less about his back, and his pain began just to localize in that right quadrant. He put his knee up, and I said to him, "Does that make you feel better?" and he said, "Oh, yeah." So he was getting relief from his flexed [knee].

So I went and talked to Ward and Ferrall, and I said, "I'd like you to come back and see Rector."

They said, "What do you think's wrong with him?"

I said, "I think he has appendicitis." I told them the examination I'd done and what had occurred.

So they came back. Captain Ferrall talked to him and "Bub" Ward talked to him. They got down to the point of asking me what I was going to do, and I said, "I can't do anything." That's when Pete Ferrall gave me his story about how he was out there to do the best he could every day and was firing torpedoes and some of them missed, and I told him you didn't do that much with the Bureau of Medicine and Surgery.

He said to me, "Can you do the appendectomy?"

I said, "Yes, sir, I can do it. Everything is against us. Our chances are slim. But if that's what I'm ordered to do, that's what I'll do."

They asked Rector what he thought about this and how he felt, and he made that statement that, "Whatever the doc feels has to be done, it's okay with me." So that's how we got to it. And he hadn't collapsed. He just had pain. But he still gingerly got back off the bridge into the after battery. You know, we had no blood pressure apparatus. We had no access to a laboratory.

Could you do a blood count?

We couldn't do anything.

You didn't have a microscope?

No scope, no nothing. Let me tell you what I did. It goes back again to the training they were giving the hospital corpsmen and how every medical officer who dealt with him was a teacher. You can't deliver health care unless you look at the whole patient, and I couldn't be thinking about his belly if I knew nothing about his clotting time. So I did a bleeding and clotting time on him, nicked his ear, took a drop of blood, inverted a medicine glass, took a stopwatch and a needle, and timed the clotting to be sure I didn't have a hemophiliac on my hands. No lab work, nothing.

No microscope?

No microscope.

Did you have a stomach tube?

No stomach tubes.

Did you have any bottles of intravenous fluid?

No, no intravenous fluid.

Even though in the Navy at the time these were standard for the treatment of appendicitis, along with an appendectomy? As of 1936, they said that if you have a case of appendicitis, this is what you do. So the submarine was totally unequipped?

Yes. Submarines went to sea without adequate equipment, without adequate support. We had all the support that was available. Then to make things worse, remember we had been bombed and much of our stuff was off the ship, that you were without many of the basic things. But no submarine had a microscope. You couldn't do a urinalysis. I did an intake and output on him as a record, because I understood why, and I was trained to do that. But there were none of these things that you would normally have.

For example, one of the problems I had with Franz Hoskins, who was the engineering officer, his father owned the Seattle Times, and he was the anesthesiologist, and I explained to him the four stages of anesthesia. I said to him, "When I say stop, I mean stop this minute. Not one more drop."

I had my fingers in the incision. The incision was 3 inches. When he would tighten on my fingers with his abdominal muscle and then begin to relax, I'd say, "Stop," because, Jan, if you get into the third stage but too close to the fourth stage of anesthesia, you'll have diaphragmatic paralysis, and that's the end.

So I don't think the Navy really understood how well it had trained its prewar hospital corpsmen.

They still don't.

You know, when they put us in a position to be on independent duty, they just didn't know what kind of position they put us in. The Navy Department really was launching people on independent duty who maybe had a course in independent duty or maybe they hadn't. There was nothing consistent. If you had sat in a record room all your career, you'd still go to independent duty. They just took for granted you were a hospital corpsman, so go out there with a handful of band-aids and go to work.

In your case, you've never had any training as an independent duty corpsman?

No.

Your training as a submariner was on board the Sealion, but it was submarine training. It wasn't medical training.

Oh, no. And the medical training had come from my own aggressive approach and my close association with physicians.

Some very fine, outstanding Navy physicians and surgeons.

Who understood our value and who wanted to teach any one of us who would absorb it. He wanted to teach you and talk to you and make you think.

You said that the day you left the hospital at Canacao, the surgeon, Dr. Smith, was it?

His name was Carey Smith.

Carey Smith called you into his office and talked to you about some things to prepare you for possibilities of surgery in submarines.

Yes. I was at the information desk getting ready to check out, and I was going to go by and see him. He was the chief of surgery, and he and I were close friends. We used to swim together. They had a big pool there and we'd swim. I went to see him, and he said, "Come on in and sit down."

He said, "You know, the world is in turmoil. Things look bad. I guess you know what you're doing. You want to go to submarines. I think you ought to stay here. But you never know what you'll run into out there. Let me tell you something. If you ever have to do an appendectomy, don't you ever do a purse-string closure." Isn't that ironic that he would say that to me?

We talked about things in general, and I told him that, well, we could swim together now in the big ocean.

But you were familiar enough at that point to know exactly what he was talking about? You had seen different types of sutures.

When you remove an appendage, you'd say, "Well, just cut it off and tie it and be done with it." But there's a way you do it. You put a tie against the caecum. You put a second tie after that. Then you put a third tie, and you cut between the second and third, so you've got some slip-off room left with the second protective suture. Then I took phenol--carbolic acid--and cauterized the stump and took torpedo alcohol to neutralize the phenol, so that I had a seal from the cautery and I had the first and second suture. Is that the right way to do it, Bob? [Laughter]

It's still the way to do it.

Then when I got into the belly, nothing happened. There was nothing there. You should be able to find the appendix very quickly. The first thing you think about is, is this patient reversed and is his caecum on the left side and not on the right side? I slipped my fingers down under the caecum, and I could feel it. It was 5 inches long, it was adhered, it was coiled, and it was buried down at the distal tip, and the distal tip was turning black. It was gangrenous.

Did you see it at that point?

Yes. I had turned the caecum over and looked at it, got it up where I could see it. I had that 3-inch incision, so I turned it over where I could look at it. I showed it to "Bub" Ward, and I said, "This one isn't easy," because we had to separate it from the caecum where it was adhered. It should be out there running fairly free with just a little blood supply holding it. So I had to gingerly get that off.

Without tearing it apart.

Without tearing it apart and without tearing up the caecum.

Because once you penetrate it, then whatever is in there is all over the place.

He's dead. That's it.

There was no penicillin.

No penicillin, nothing.

Carey Smith had advised against doing a purse string, because that's a blind stitch, isn't it?

What you do is, it's just like you'd have a ditty bag or an old tobacco bag, that you put your stitches around the stump and then pull up on it to make a purse, and you close it that way.

And stick the appendix down in the purse and then close the purse. What you've got is a rotting stump inside.

You invert that stump and you're asking for trouble. Carey Smith's caution was, "Don't you ever do a purse string." You see, when you think back on that, there was a competent surgeon talking to the hospital corpsman as a colleague.

And giving you very good information. I was telling Jan, it's interesting that you, as a U.S. Navy corpsman, were better trained at that point than the account I showed him of a surgeon lieutenant in the Royal Navy who did an emergency appendectomy on a frigate off the Normandy coast and did a purse string. He was a physician, medical officer. He knew how to do it, but he hadn't been trained that the purse string was antique and had been replaced by a much better procedure. So you as a corpsman were better qualified to do the operation than a doctor. And it wasn't the doctor's fault; he just never had had the training specifically. You were, and I'm amazed at the things that you lacked--gastric suction, intravenous fluid, a microscope to do blood counts and urinalysis.

And not even a sphygmomanometer.

Oh, you didn't even have a sphygmomanometer?

No. I was trying to keep up with his pulse rate by blood vessels pulsing in his belly or on his carotids. We had none of the basics. All we had was trust, common sense.

May I ask you a question about that, then? When you came back, did anyone ever debrief you, to use the modern term, to find out what upgrade should be made of the medical equipment available on submarines for the use of independent duty corpsmen?

No, they didn't. The Bureau of Medicine and Surgery's attitude was, "We ought to get rid of this whole subject and let's stop talking about it." There were some people that I knew who were in the Bureau. One fellow was a warrant officer, and he'd been around the Bureau a long time. When he saw me shortly after I got back (I was in Philadelphia), he said, "Boy, you really caused me some trouble." And he said it profanely. He said, "Man, it really has things humming around here."

He went on to tell me how they were having special meetings and there were immediate comments that they should court-martial me. I thought this was very appropriate, because the Monday-morning quarterbacks were not there and were saying, "Well, they should have done this and they should have done that." But we were the people facing the enemy and the depth charges, not the bureaucrats sitting in Washington.

Who were demonstrating, to my observation, they didn't know what the hell was going on, because there's no way they could have court-martialed you.

Oh, no.

You were carrying out the direct order of your commanding officer.

And I made sure I had a direct order. I typed that direct order myself in that patient's medical record and told the commanding officer, Captain Ferrall. I said, "Captain, I need this. I'll carry out your order to walk through fire, but I need this, because somebody's going to say I opened him and closed him and didn't take out an appendix, that I should not have done this, although you gave me an order. And I think if you realize how the Bureau of Medicine and Surgery thinks, this would be best for all of us."

And he said, "Oh, sure, Doc. We'll do that."

Interestingly enough, I tried to get my hands on Dean Rector's medical records, and I got a call from St. Louis. Now, his records may have been with him on the Tang [SS-306], and maybe that's why they're not there. But they did have a death certificate. They had a very thin record lost on the Tang, but that's all there is as far as the medical records on Dean Rector.¹

His Form M would certainly have been lost. Jan and I interviewed a Dr. [Charles] Shilling from the submarine base at New London, and he told us that the Surgeon General himself, Vice Admiral Ross T. McIntire was concerned to a high emotional level about this, and wanted Dr. Shilling to do something about it. Dr. Shilling properly went back to New London and came up with a protocol for submarine corpsmen with which to treat people with appendicitis without having to do an operation.

What I'm trying to figure out is how they implemented that if you didn't have penicillin, you didn't have IV fluids, you didn't have a microscope. I'm just wondering when these things were put onto the submarines so that the corpsmen or the pharmacist's mate could treat the patient with what's now called the Oxner [phonetic] non-operative treatment, properly. I know they didn't have penicillin until after 1947. Did you ever during the war know about submarines having intravenous fluids being stored?

No.

Did they get a microscope? Did they get a sphygmomanometer?

No. They might have had a sphygmo, because they wanted to take some blood pressure.

That reminds me of something else I wanted to ask you about 15 minutes ago. The Merck manuals that you all had--

No, we didn't all have. That was my personal manual.

It was only after the war that it became BUMED policy to buy and issue a Merck manual to an independent duty corpsman. What happened before the war was a group of you got together and said, "Hey, I know where to get a bargain to help us carry out our Navy-assigned duties."

A group of us didn't do that.

¹ Dean Rector did when the USS Tang torpedoed itself on 24 Oct 1944.

You did it on your own?

I did it. I understood the value of the Merck manual. See, I had been down to Rahway, NJ, which is where the Merck plant is, and while I was there--

This was when you were in Philadelphia?

Yes. It's not far. I had become friends with one of the people who worked in some section, and he said to me, "Would you like this?" And I had taken that with me when I went to the Philippines. That's how I had that. I think it was a seventh edition.

But by the end of the war, almost every submarine corpsman had them, but I think that they were still buying them themselves.

When we used to go into port, I would go in bookstores and look around, because I loved to read and so I would try to be ready to go to sea. We didn't have books and all that. The only thing we had was a couple of decks of cards and an acey-duecy board and maybe some cribbage.

How about the handbook of the Hospital Corps?

I had my own copy.

You weren't issued that, either?

No. In fact, I gave my son my copy that I had indexed all up the edge with little index tabs that I made and put on it.

We've been looking for one! [Laughter] Where's your son got yours?

It's up in North Carolina. It's a red one.

But it is the official, authentic Hospital Corps Handbook for 1940?

Yes.

We've got them for 1903 and 1918. But we don't have one from 1940. This is great. We may call you up and say, "Hey, could you do us another favor?"

He's got that, and I gave him my original Merck manual. He's got that one.

That's valuable information for an archivist to know.

There was another thing I wanted to ask you. I talked to "Bub" Ward. And it was not the rumor that some very irritated doctors in BUMED were going to "have your ass," I think you said, but a directive from Commander Submarines Pacific, which was copied and reissued by Commander Submarines Southwest Pacific, which said, "Don't do appendectomies."

I have my original report to BUMED. Do you have that?

No. I haven't seen the original but you did send me a xerox copy. We published it in the magazine.

In which I said all these things, and then he made the endorsement that they don't encourage appendectomies and this is sufficiently rare and all that stuff.

That's the squadron medical officer's endorsement.

Yes, the squadron medical officer, and his name was Thomas somebody.

Right. The whole report was sent by the squadron medical officer to BUMED.

BUMED never took the time nor showed the interest in this event. I knew Admiral McIntire [Ross T., 18th Surgeon General of the Navy, 1938-1946], and Ross T. was the ultimate politician. It was more politics than Navy medicine, and this was the view of many of his peers.

But no one in BUMED would have done what I would do today, or what you would do, and say, "Let's bring Lipes to BUMED and sit him down. Let's let him tell us this story firsthand. Let him tell all of us in this room what he faced and not let us learn it strictly from George Weller, a war correspondent who came aboard the Seadragon." And Admiral Lockwood [RADM Charles A. Lockwood, Jr.] came aboard. Lockwood's picture's right in front of that book.

He was COMSUBPAC at the time.

So they said to me, "Doc, you're wanted in the wardroom." Well, I had on an undershirt and trousers. I went up to the wardroom.

This was the tender?

No, on the sub. We'd just come into port, and they used to meet us at sea and give us mail and ice cream and milk and fruit. They'd give you that several miles out.

There in the wardroom, sitting on the bench behind the table, was Admiral Lockwood. I said, "I'm sorry, sir. I thought the captain wanted to see me."

He said, "Are you Lipes?"

I said, "Yes, sir."

He said, "Well, I want to see you." He got up and shook hands with me, put his arm around me, and said, "Well, you fellows have had an exciting time." So I stood there and talked to him for 4 or 5 minutes.

But BUMED never said, "Let's bring him in. Let us hear from him firsthand so that we're not just living on some reporter's story which may be embellished, which may be untrue. But let's hear firsthand." No sir. You could not condescend to have any hospital corpsman giving any information and instruction in a debriefing system that might help the others to do a better job in the future. They wanted everything to be exactly as it was, nothing to change.

I received mail from everywhere from people, and the letters that were coming, a majority of them were from mothers who said, "I didn't want my son to go in the Navy, but when I read this story of how you care for the patient, it makes me feel better." One guy wrote and said, "My great-great-great-grandfather was Nathan Bedford Forrest, and you were the fustest with the mostest." [Laughter] But, you know, you had all this stuff coming in, but never, never a comment out of BUMED.

Remember the incident you related about the--was it on the tender when you'd gotten back? Was it the Holland [AS-3]

Yes.

Relate that incident again.

When I had gotten back and saw Admiral Lockwood, as I said in the beginning, it was not my understanding that I had done anything more than my job, that I certainly wasn't out there to be a surgeon or a brain surgeon, but I was there to do whatever it took to alleviate pain and suffering and save life if I could do so. But I wasn't being heroic. And I didn't even write a note to my wife about this incident, not one word.

Her sister saw in the Philadelphia paper a little three-line blurb buried in the newspaper that said, "Sailor removes shipmate's appendix in submarine," Period. That's all. She remarked to her sister, "That sounds like something Johnny would do," and then the next thing she knew, they were beating on the door, the reporters.

BUMED maintained its attitude of aloofness and remaining above the real facts of life of what they were really in Washington to do in the first place. I told Jan that when I received my retirement form letter out of BUMED, there was some blurb in there about my heroism and all this sort of junk, but they were very careful not to make any mention that I did that appendectomy, not one word.

I think you probably got an identical form letter they sent to everybody who retired that year.

Well, they had to put in something about my heroism in a submarine.

They did? What was added?

That was in the letter having to do with the fact that I was willing to go back into that ship and help take out the TDC (torpedo data computer) with it under water. One of the requirements for being in submarines is that you had to be able to hold your breath for 3 minutes. That's not easy.

No, it isn't. Where did they test you?

They used a mirror and stopwatches.

Were you were sitting in a chair?

Yes, and they wanted you to take some deep breaths, and now you hold your breath 3 minutes. That was one of our standards in the physical exams.

I'd never heard that.

Yes. So we were going to go back and dive on the Sealion. You know, the TDCs were like hotcakes with wing nuts on them.

TDCs are the--

Torpedo data computers.

This was the secret--it was like the Norden bombsight in submarine warfare. Just let the Japanese know you have it.

So you had to get those big wing nuts out of there and take those things out in pieces, and so they gave credit for the fact that, you know, you could swim.

You did this without a--

Yes, you did it without a mask.

They were in the conning tower?

No, in the control room.

You had to go down through the conning tower, down another, holding your breath. If you passed out, you never would have made it.

You just head for the hole, you hope. You see, BUMED made some comment about that, so I knew it wasn't just a form letter saying, "Thanks, fellow. Have fun. Goodbye."

So the heroism was for that. It had nothing whatsoever to do--

Nothing to do with the appendectomy.

Did you receive a decoration for that?

No. I was promoted to warrant.

No, sorry. I mean for the dive on the Sealion, because that must have been before you left the Philippines.

It was. That, again, was exactly what we were there to do.

But how did BUMED so many years later, know about it? Were you mentioned in dispatches? An entry in your letter of commendation from the skipper of the Sealion, maybe?

Somewhere that thing got to Washington, but I don't know how. We were too busy being shot at.

Probably the skipper wrote a letter and they put it in your personnel record.

What about the event when you went back to the Holland and you were accosted by that disgruntled doctor?

Yes, I'll tell you about that. After I had seen Admiral Lockwood, I went up to the deck of the Holland and walked into a lab. Our name--Seadragon--names of submarines were lined up up here, and somebody had put a line through ours that we were overdue, which we were. This fellow's name was Gaddy, and he was doing some work in a scope. When I walked in, he just looked up at me and said, "Go away. You're dead." He was just being funny.

He and I stood there and talked for a few minutes. A Lieutenant Cohen came into the lab, and Gaddy said, "Dr. Cohen, this is Johnny Lipes. He's off the Seadragon. He's the guy who did that submarine appendectomy."

This Dr. Cohen became enraged. His face flushed, and you could just see him puff up and expand. He grabbed me by my shirt and shook me and said, "You should have let that man die." It was all I could do to keep from slugging him.

Now, when I thought back about this, here's a guy who was drafted, didn't want to be there in the first place. I thought that he had just been giving a lecture to the officers on the Holland and probably telling them that they should never let anyone but a physician take care of

you--these hospital corpsmen are dangerous, these guys are a problem. And so he has just given this speech to this group, and then comes a stupid message which says "successful appendectomy." Well, you could see his embarrassment and his loss of face. As when you begin to think that through and reason it, you understand how he felt.

But I ran into another physician who was a lieutenant in the Navy Medical Corps. I spoke to a group in Philadelphia at the annual sportswriters' club at the Adelphia Hotel, and the fellow who introduced me at that meeting sat next to me at the head table, and his name was Connie Mack, old Constance Magilicutt, the old ballplayer.

After I said what I had to say, this lieutenant came up to me and he said, "I want to congratulate you. Some of the best people I've worked with have been hospital corpsmen. I have to tell you something. I couldn't do an appendectomy today if I had to." So there's a counterweight on the other end of the seesaw.

I always felt that maybe the appendectomy was a major strike against me with BUMED because of the politics. They didn't want anything or anybody removing any of their luster. It wasn't that I wanted the recognition because I didn't need that. I knew what I could do and what I couldn't do.

I also would have thought BUMED would have said, which I said in abnegation, anytime I spoke to groups I said, "This is not something every hospital corpsman should say he will do because any one of us gets publicity. It's a serious business." I said these things in abnegation every time I had the opportunity.

But BUMED acted as if I didn't exist for all those years. No one ever brought up the subject. They wouldn't even talk about it. Now, the people who would talk about it were guys like Bart Hogan, who was an exec in a hospital, and old Howard Montgomery, who was a CO of the old hospital, people like that.

But what I wanted to do in the role I had been promoted to perform was to do the best job I could and not lean on that in any way at any time.

When were you promoted to warrant? Did you make any other patrols on the Seadragon?

No. I left the Dragon and went back to Philadelphia in January of '43.

When were you promoted? After you returned to Philadelphia?

After I got back to Philadelphia.

So you had orders--

I was on leave. Then while I was on leave, I got notice to report for a physical, and they appointed me, I think, as a warrant on the eleventh day of February 1943.

Was this standard, to get leave to go all the way back to the States? Philadelphia was where your wife was.

We were in San Francisco. We had come back to the States.

Oh, the Seadragon went from--

Went on patrol to Rabaul and all of that.

So you made another patrol after the appendectomy.

Yes. We went to Rabaul and blockaded that, and that's where we sank the I-boat, the Japanese submarine [I-4, sunk on 21 Dec 1942]. Then we went on to Pearl, and passed on through back to San Francisco--

To Mare Island?

We went into Mare Island.

For refit?

Well, it was general overhaul. Then they were changing commands, getting a new crew, and putting the boat back into shape; and everybody went on leave.

"Bub" Ward was left behind in Pearl?

I think it was Pearl.

He went into the commanding officer pool. He didn't go back to the States.

Yes. But I went home, and then I got orders. I think the commendation had come from Ferrall, but it didn't have much effect on BUMED. I think there were some political people who got involved in it, but not with me, but I knew there were some people in Philadelphia who were politically involved.

It's interesting you were not promoted to chief pharmacist's mate; you were appointed to warrant.

I was promoted on paper to chief pharmacist's mate, and shortly thereafter my orders were to report for a physical for promotion to warrant.

Which effectively got you off submarines.

Yes.

Was that the purpose of it, do you think?

I don't know, but it wasn't my purpose.

You were content to stay in submarines.

I love those things.

There must have been an expansion and a new program and a need for pharmacists, warrant officers, and CWO.

It was coming. There were promotions of all kinds.

It certainly was a proper recognition of your ability.

I think they got their money's worth out of me. [Laughter]

Absolutely. Did you ever see, though, this COMSUBPAC notice saying, "Don't do any more appendectomies?"

No. I had some friends that--

Because yours was in September, and then Moore did one in December.²
Silversides. Roby also did his.³

And Roby did one. One of them was on Christmas Eve.
Yes, that was Moore.

It was after that that the notice went out, because there wasn't any submarine skipper who would have permitted it after COMSUBPAC said don't do it. It must have been early in January or February of '43, and you were back in the States by then.

Yes. And I still had friends in the boats, but I never heard any comment. The fact wasn't widely publicized so that everybody knew about it, because you've got a certain morale factor to deal with with the crew. If you get a hot appendix out there under the nose of the enemy, tough stuff.

At the same time, New London came out with a direction on how to treat them. I've talked to other corpsmen--pharmacist's mates--in the sub vets' organization, and one of them said, "I used the treatment and the guy recovered." And another one said, "I used the treatment, brought the guy back, and they operated on him on the tender. The patient was madder than hell at me because he said, 'You should never have subjected me to that. You don't know what agony I went through having that jaygee take out my appendix. I'd much rather you had done it.'"

All the items in the protocol, I think, were proper--that you use ice, you do whatever. It was just another step in our evolution. And then came penicillin, which solved your major problem. But it still wouldn't be the way I would administer my staff in a large hospital, by going in my office, closing the door, ignoring what they were doing, and putting my head in the sand. Nobody ever gave a thought to a policy, because we didn't plan war. We were attacked and in the war before anybody could think about it. People were saying, "Well, didn't they have policies about this?" Well, there were a lot of things people didn't have policies about, and one of them was survival.

It always made me feel that the BUMED management was second-rate, because they didn't act as corporate leaders who would be interested in all the men, and to follow their own motto to keep as many men, at as many guns, as many days as possible. I felt that BUMED had betrayed those of us who were put out there to do a job.

Just one last side question. This has to do with Rector, specifically his case. Based on the fact that you were there and you took care of Rector and succeeded, had you been presented with this case later on, let's say after the directive had been issued and following the issuance of the protocol, would that protocol, in your opinion, have worked on Rector, considering his condition?

² PhM1 Thomas Moore performed another successful appendectomy aboard USS Silversides (SS-236) on 24 Dec 1942.

³ PhM1c Harry Roby performed another one aboard USS Grayback (SS-208) on 14 Dec 1942.

I wasn't out there as an independent physician or an independent practitioner. I was out there to do what I'd been trained to do. And if there had been a directive and a protocol to follow, I would have followed that to the best of my ability, because I had no way of knowing that the distal tip of his appendix was gangrenous. So I would have followed the procedure. I would not have used the surgical intervention unless things were so obvious that here's a guy who's going to end up--he's got peritonitis. What are we going to do with him?

And that's why you have a commanding officer. He is God. He issues that order or doesn't issue it. You tell him what it is you believe, to the best of your ability, but it's up to him. You don't take over and say, "I'm saving his life," whatever. That never would have been my intent. I think if that protocol had been in effect, I would have followed it, because I was taught to follow orders.

I can just give you an example. There was an ensign--I think it was an ensign or a jaygee on a submarine that was doing aviator rescue. He was out on deck and a Japanese plane machine-gunned the people on deck, and he got a bullet through his back. The commanding officer then had a dilemma. Here was a guy dying with a bullet wound, yet there were people dying in the ocean who could be saved if they could be picked up. He could turn around and go back and deliver the mortally wounded officer to a hospital where he could be treated and leave aviators floating on the surface exposed to Japanese. He made the decision to stay. The officer died, and he died in a time frame where it was obvious they would have never made it back to Guam, where I think they were heading. So it was a tragic decision. It's a decision you don't want to make. But commanding officers make those decisions, and people go to war and suffer those results.

That's what people on the home front forget. That's what the people in BUMED forget, that you are there, you are there when it's happening. That decision must be made, and that commanding officer has the final decision to make and he made the right one, that you can't lose 10 people out there that could be rescued while you rush one back that may be dead within just hours. If there had been a way to pick everybody up and still go on with what was being done--but, you know, it's where you are at a certain time. It's like any decision you make.

In the hospital administration field, I made decisions every day, and some of those decisions were absolutely right at that time. Tomorrow they may have been awful. But you must then make the decision of what is best for your organization after you quickly weigh everything there was, and that CO on that submarine did the right thing.

We were in a war. The war lasted 4 years. This was in the first year. You read about what submarine operations against Japan did to the Japanese empire and you realize that they did a hell of a lot more than naval aviation did, although naval aviation is credited with winning the war by defeating the Japanese fleet. But the merchant fleet upon which the island empire depended was crippled by submarine operations more than anything else, at a terrible cost. Really, the mortality rate in the submarine service was higher than in almost any branch, with the possible exception of the operating aviation. I haven't checked those figures.

Wasn't it about 3,200 men lost in about 52 boats?

It was high, but then when you compare it with the German submarine service, it was 32,000 out of 36,000 deployed, and yet they nearly won the war.

But what I'm about to say is that Rector took his chances when he went to sea aboard a submarine. It's unusual for one person to die and the rest of the submarine crew to survive, but it does happen. Rector was fortunate, blessed even, by the fact that the Navy had put him on a submarine where there was a pharmacist's mate uniquely qualified to diagnose, see what needed to be done, to have a commanding officer that says to him, "Yes, that's right. I order you to do it," and he survived, but died 2 years later in another submarine in the same war. The war wasn't over yet.

By your own torpedo.

And you talk about BUMED not doing its job, there were--

Here we are with 24 fish, and you fire them. They make all sorts of porpoising attacks on their own, going off in all directions. When you read submarine history, you see the struggle that went on between Lockwood and all those people who were vying for power, and power alone. Lockwood is the only guy who finally said, "I don't care who likes it, we're going to test those things."

One of the jobs I did... we used to take out the little exploder mechanisms screwed into the fish head. You know, you lift it out, old vacuum tubes and a bunch of junk, and you'd push a spring down and you pass a screwdriver over it and, wham, it would go off, so you know it's going to bring about your detonation. So you take those things out and test them with a screwdriver.

All this is fine. But the impeller, when it's turning under the front of the fish, is moving the firing pin up to the point of detonation. You follow me? Well, as the fish goes through the water and turns that impeller, it turns this pin until it gets into place, and a three-ounce jar shock would set it off.

Well, the impellers didn't drive the firing pin where it should and it would be short, so you'd hit the target, no explosion. Now you're getting everybody's free depth charges. You couldn't maintain proper depth of the thing. It'd be up there running on the surface or it's down too deep and goes under the target. The guy who was the researcher that worked on that magnetic exploder, I've forgotten his name.

[Ralph] Christie.

Yes, and another guy. But Christie had at one time been at Newport in the research, and under no conditions, by God, were you going to stop using those exploders whether the damn fish went off or not.

I think we won the war because we had courageous crews and you had a hell of a manufacturing base that could overwhelm an enemy with production. But when you look at what the Japanese had as an industrial base, we should have done a lot better than we did.

A lot sooner.

Yes, better and sooner. I think that the whole thing was a learn-as-you-go mechanism. No one really went into the war with a plan that worked. When you looked at the way we were training, that the master plan was to rush out and sink the Japanese fleet, remember? And

engage them. And so our training, the maintenance on our submarines in the Philippines, they were disgraceful, and if anything, you should have removed every one of those people that were in command and summarily dismissed them for absolute incompetence. But, you see, that whole scheme went all the way back to Washington. Everything was determined on politics, and all of us there were just expendable. It's not the way to build a force, but the force won the war because the American knows how to take orders.

I did some snooping around in submarines a little bit, and it was interesting, if you go back and look at the names of people in submarines, in our torpedo rooms they were German. There was a guy there from Nuremberg.

Oh, really?

And if you looked at the descent, you'd find Kellys, and I only knew one Jewish guy in submarines, but there was a strong tendency to see a lot of German and Italian descent. Something about those pig boats that seems to attract, as the U-boat did.

Despite the failure of high-level leadership, I think the strength of the medical service was that at the operational level, at the lowest functional level, they were able to run a recruitment and enlistment program that brought people like you into service as a pharmacist's mate, brought you into daily contact with dedicated medical officers such as the ones you've described, that trained you to do a job. The fact that there wasn't a BUMED director of training who visualized all this didn't mean that it wasn't going on and that you weren't taking advantage of it, and the fact that destiny, perhaps, put you there and brought you together and you knew what to do and did it. But I reflect, even though you were an extraordinary example, I've talked to a lot of corpsmen in submarines, and they are an unusual bunch of people, submariners themselves. Enlisted submariners are an unusually capable group of people. They were an echelon higher than the fleet standard.

These fellows had a different mission. Their whole attitude of mission was different. They were fiercely loyal to the ship and fiercely loyal to one another.

Let me tell you something that happened to me in, I think, Brisbane. We were in Brisbane, getting ready. They had moved us from Perth around to--I think it was New Albany at the bottom. We had the Holland down there. Then we moved up to Brisbane before going on the next patrol off to Rabaul and New Britain, New Ireland, and those places.

The Amberjack [SS-219] came in, a brand-new sub out of the States, new commission, and tied up in a nest with all of us. There was a fellow on there by the name of Harold--I've forgotten his last name now--but they named a recreation center in Pearl for him. He and I had been working in the wards in Philadelphia years before. So there he is on the Amberjack, and he comes over to see me on the Seadragon. This was a guy who back in the '30s rode a motorcycle. Motorcycles were forbidden for Navy people because of the injuries, but he rode a motorcycle back and forth to work. He was a weird guy.

So he came over to visit me on the Seadragon and he said, "Why don't you come over later and I'll take you through the Amberjack, the latest thing off the ways."

So I went over later, a couple of hours or so, and when I stepped on to the deck, an officer stepped outside--you know, people ran back and forth in submarines like rats. I'd yell over, "What are you eating?"

The guy would say, "We've got chicken and dumplings. What are you eating, Jan?"
"We're having steak."

So you'd go eat whatever they were having. That's the camaraderie.

When I set foot on that Amberjack, this officer stepped out of the hatch there and said,
"Where are you going?"

I said, "Permission to come aboard, sir. I want to see the pharmacist's mate."

He said, "What's your business here?"

I said, "Well, we're old friends. I just want to visit with him."

He told me I could have 20 minutes aboard the ship. So I saluted him and thanked him and went down the hatch.

When I got into that control room, it was warm weather, the crew members had their collars buttoned. In the ships I was familiar with, we wore khaki shorts that were just underwear, sandals, and maybe a shirt and maybe no shirt, little short-sleeve things. These guys had on long-sleeve chambray dungaree shirts with the cuffs buttoned.

Somebody sounded off and said--Beeman [phonetic] is the guy's name, Harold Beeman. Beeman Center is the recreational center in Pearl, and he was on the Amberjack. So Beeman comes up to the control room to get me. It's not very far where he was, but you couldn't go wandering through this big secret ship. I went back with him and talked to him, and he said, "This is the only submersible battleship."

The officers did not fraternize or associate with the enlisted men. You know, those depth charges don't say on it "Officers Only." He said that there was all kinds of rigid inspections, that you weren't allowed to make any noise. Everything was strictly a battleship Navy.

And I said, "What do you think will happen as a result of that, Beeman?"

He said, "I fear what will happen to us in a crisis when we are under attack." He left, and they were never heard of again.

It was an exciting time, and I don't think you'll find a submariner of that period, keeping those old boats glued together, who wouldn't tell you that they had a great time doing what they did and they enjoyed it. The American is a strange character. When all is lost, he's going to be there. It just happens.

Jan, what we've just heard is an illustration of a policy in the Navy in the submarine force, and that is, there were these old submarines, old in the sense that they were 1937, '38, '39 vintage, that were in the Philippines and sent to Australia, and that there were new submarines just off the line of an improved design, and it really was improved.

Oh, yes.

Coming to Pearl. But they had a policy decision that they would rotate these and they would send the new construction on patrol down to Australia and they would send the old boats on patrol from Australia back to Pearl and then, if necessary, to shipyards for overhaul. Clay Blair, in his book, describes this, and then criticizes it heavily as a tactical and strategic error in the submarine warfare.

He has done a good job with his books.

Because it took--and a lot of it's armchair quarterbacking from, actually, 45 years after the war, looking back on the effect of attacking the Japanese in the Australian area of

operations and from Pearl to the Japanese home waters and noting that it took almost 2 years to build up a fleet of first-line construction at Pearl and Midway for deployment because they were shipping them back over to Australia, where they were involved in all this side operation, and bringing the old ships back, which one is capable.

Even though it wasn't a side operation to you, you were up to your eyebrows in it, but he was doing a strategic analysis of how much was it hurting the Japanese and how much more could it have hurt them if you had--

Sent the new fresh ones up there.

Yes.

Well, I'll tell you what always sticks in my mind about the Amberjack. Beeman said, "I want to give you something before you leave the ship."

I said, "You know I only have 20 minutes to be aboard." On our ships, the other ships out there tied up, the submarines, the hatches were open, you know, the engine room hatch was open, the torpedo room hatch was open. But you had to go down the conning tower hatch to get in the Amberjack. They weren't going to have anybody coming and going except through one opening.

He said, "I want to get you something." He went and he came back, and that was the first time I had ever seen or tasted a frozen strawberry. They had some additional freezer space and storage space. And to show you the luxury in which they lived, they had frozen strawberries that none of us had ever heard of. So that's where I ate my first frozen strawberry.

It became very important in Navy mythology, as you know if you read Herman Wouk's The Caine Mutiny.

One thing I'd like to get on tape, and I think we discussed it yesterday, was the story of how the executive officer on the Sealion told you to go down on the after deck through the back door. Could you tell that story for the tape?

I had lookout assignment, and so I was up on the lookout and we were out there on maneuvers. Commander Rayburn was the executive officer, and he said to me, "Doc, when we dive, I want you to go down to the main deck and in the conning tower door, and, for God's sake, you dog that door down when you get in there, because we're depending on you."

I said, "Aye aye, sir."

The diving alarm went off, and down I scurried from the A-frames and onto the cigarette deck and down to the main deck and grabbed hold of that conning tower door, and the damn thing was welded shut.

So I had a station on the dive and I wasn't at the station, and that's how they happened to hit negative and hold her there while they found where I had gone. I came down that hatch, and I guess I was pretty wild, because I think the skipper said to me, "Where have you been?"

I said, "I was ordered to come in the conning tower door by Mr. Rayburn."

Voge said, "What the hell did you say?" And then he realized he shouldn't berate him in front of the crew.

And years later, when Rayburn was at the naval hospital in Philadelphia, he was losing his hearing and he used to come and spend most of his time around my office. I said to him, "Why did you ever give me that order?"

He said, "I forgot the damn door was welded." [Laughter]

What a great story. It's a good thing they noticed you missing.

If you've got a station where you put pressure in the boat, and they used to have a signal. You raise your hand and close your hand. You turn those little valves and put pressure in a boat, and if no pressure's coming in the boat, you know somebody's missing, because pretty soon you'll get crushed.

I'm just surprised that this story has lasted as long as it has. It's been published in foreign papers.

I'm not surprised. I'm not surprised, because it shows you're talking about this American spirit of doing what has to be done, and it was always traditional, I think, perhaps until 1942, that this was the realm of the physician, and you broke that line.

Oh, man. And I took the heat.

And in doing so, you took the heat for it. That's what makes it a legend. It's not a legend; it's the truth. But that's what makes it so long lived.

Did I tell you about when I was at the naval hospital at Portsmouth? There was a lieutenant commander who was--I think he was a urologist. He was a nice guy, and he and I were friends. We used to go every morning to sit around a table and have a cup of coffee at 10 o'clock--you know, the old routine. So we'd gather there, and there would be 12 or 15 of us around the table, and this fellow would always sit next to me. Across the table from me were three or four MSC officers and some medical officers, and this doctor sitting next to me said, "You know, I have heard that this guy who did that appendectomy in the submarine is on duty here at the hospital."

All these guys sort of tightened up and said nothing. He went on to say that, "Well, by God, I think he should be drawn and quartered." One of my close friends sitting across the table started to say something, and I shook my head and he kept quiet.

Well, the next day was, say, a weekend. On Monday, I was involved in a court-martial, and I didn't manage to get down for the coffee, so I went the next day. The following day this guy showed up in my office, and he said, "I want to apologize to you."

I said, "There's no apology needed." I said, "When you don't have all the facts, that's usually the reaction. It's got to be negative."

Let me tell you a funny one about the Uniform Code [of Military Justice] at the naval hospital at Portsmouth [VA] for just a minute. When I got back from the school and I was talking to the CO and told him, "These are the things that you have to change your ways about," and he argued with me and I argued back. Then he said to me, "You know, it's funny. You're not afraid of me."

I said, "You're absolutely right. I'm not afraid of you."

He said, "Well, I want this guy convicted."

I said, "I didn't hear a thing you said."

I had explained to him that you were entitled to a ration every third day. You couldn't throw him in the brig on bread and water anymore. You had to give him a ration every third day, and a ration is three meals.

So he didn't say much, and I went on my way. The next day he called me and he said, "I need to talk to you. Come up here."

So I went. He said, "I've got it figured out. I don't care what that little red book says. So I have to give him a ration every third day, but nothing says I have to cook it." [Laughter]
So there's always a way around it, isn't there?

There is.